N. B.—Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD AINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING RESERVED FOR MARGIN WRITE No. 1

30

PLACE OF DEATH County Frederick	01616 STATE OF MARYLAND CERTIFICATE OF DEATH
0 - 1/2	90 Registration Dist, No. 122
Village or City Leff Elbon (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	That I last saw hall alive on Allast saw hall
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF OFATH * was as follows:
(a) Trade, profession or particular kind of work	and My condition
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) Ars. mos ds.
9 BIRTHPLACE (State or country) Tredsrick	Contributory Secondary (Duration) Trs. mos. ds.
10 NAME OF FATHER Mathiars april	(Signed) M, D.
OF FATHER (State or country) Frederick	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER MARTINA Sheffer	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfents or Recent Residents)
OF MOTHER (State or Country) Fredhrick	At place of deathyrsmosds, In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence
(Informant) A Control of Charles (Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MACHINE THE THE MACHINE THE MACH
Filed Hel- 06 1980 D. Jonanson Saller	20 UNDERTAKER ADDRESS ADDRESS ADDRESS ADDRESS
If more b.anks are needed, addre.s Ltate Kegistran	, 16 W. Saratoga St., Balto., Lequesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g. Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quoscupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken to report specifically the occupations of persons enhousehold only (not paid Househeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salcsman. (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an tion applies to e:ch and every person, irrespective ci business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise see Examples: Cerebrospinal feace (the only definite synonym is "Epidemia cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur praumonia, Bronchopneumonia ("Pneumonia,")

> approved by Committee on st_ted unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite discase "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol American Medical Association.) telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

OD

	County Thederiale	14a)
Vil	lage or City Burk Harlb No.	e Aha
=	PERSONAL AND STATISTICAL PARTICULARS	MED
3 5	emale White Single, Married. Wildowed. OR DIVORCED (Write the word)	16 DATE OF DEA
6 1	DATE OF BIRTH Junium 25, 1853 (Month) (Day) (Year)	17 I HER!
7 6	If LESS than I day hrs. / mos. 2 (ds. or min.)	and that death oc The CAUSE OF D
K PP	a) Trade, profession or Autoewale articular kind of work Autoewale b) General nature of industry usiness, or establishment in which employed or (employer)	Contributory
9 1	STATE OF STA	Secondary (Signed)
ENTS	11 BIRTHPLACE OF FATHER (State or country)	3/7 19 19 19 19 19 19 19 19 19 19 19 19 19
PARE	OF MOTHER Catherine anne mangh	18 LENGTH OF
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrs Where was disease
14	(Informant) John M. Whalk (Address) Dunkettsville Ma	if not at place of Former or usual residence
15	Filed 777 arch 171980 D. Grandsom Saule	DUNDERTAKER

02908 STATE O

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No./32

St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

ADDRESS

MEDICAL CERTIFICATE OF DEATH			
16 DATE OF DEATH Word 6 938 192 (Month) 6 (Day) 3 (Year)			
17 I HEREBY CERTIFY, That I attended the deceased from			
March 19280 to March / 1920,			
that I last saw he alive on Much 14, 150,			
and that death occurred on the date stated above, at 4.00 m.			
The CAUSE OF DEATH * was as follows:			
, 1			
arthus-Salerson			
(Duration) / Oyre, mos de.			
N A A III			
Contributory Secondary			
(Duration) 1 A yrs. Amos. ds.			
(Signed) MUUUS DADYUU M. D.			
3 7 1928 (Address) Burrow mo			
*State the Disease Causing Death, or, in deaths from			
Violent Causes, state (1) Means of Injury and (2) Whether			
Accidental, Suicidal or Homicidal.			
18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)			
At place of deathmosds. In theyrsmosds.			
Where was disease contracted, it not at place of dea h?			
Former or usual residence			
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL			
Burkettsville med Much 18, 1930.			

If more banks are needed, address ttate Registrar, 16 W. Saratoga St., Bulto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neccs-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fremon, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scrvont, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, er," etc., without more precise specification as Day laborer, Form loborer, Laborer—Coul minc, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Foreman, (b) For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesmon, (b) Grocery, eman, (b) Automobile factory. The materia who are engaged in the duties of the For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia,"

st_ted unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Meosles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railwoy train-American Medical Association.) perilonaeum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, FOR VIOLENT DEATHS state MEANS OF INJULY (name origin; "Cancer" is less definite; avoid cough; or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

classified. Exact EXACT CORD properly class be stated PERMANENT BINDING 90 that it may be should CE FOR terms so supplied. -THIS RESERVED INKbe carefully EATH in plain UNFADING MARGIN Should I TION IS very WITH Informati should state Every item CIANS sho Item

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ee instructions

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/	4	PHYSI.
	7	Δ.
		7

PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED.
OR DIVORCED
(Write the word) 6 DATE OF BIRTH 30 (Month) (Day) (Year) 7 AGE If LESS than l day hrs. min.? mos. 8 OCCUPATION (a) Trade, profession or particular kind of work the (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF 11 BIRTHPLACE OF FATHER RENT (State or country) 12 MAIDEN NAME PA OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE (Informant)

STATE OF MARYLAND CERTIFICATE OF DEATH

St.: Ward)

Registration Dist. No.

(If death occurred in a hospital or institu-

- X	stead of street and number.)
MEDICAL CERTIFICAT	E OF DEATH
16 DATE OF DEATH 17 I HEREBY CERTIFY, That I 1920. to that I last saw by alive on how and that death occurred on the date sta The CAUSE OF DEATH * was as follows The CAUSE OF DEATH * was as follows	attended the deceased from Nov. 8, 1920, 1920, ated above, at
(Duration) Contributory Freutature Secondary (Signed) 192 (Address) *State the Disease Causing Des	
Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hoients or Recent Residents) At place of death de	the State yrs de.
Farguount Cevely 20 UN DERTAKER Parent County	MOV 9th, 1980

If more blanks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm loborer, Loborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesmon, (b) Grocery; (a) Foremun, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Former or Planter, fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of For many occupations a single word or term on without more precise specification as Doy For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia,"), Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

permanently filed.

data is essential and must be obtained before the certificate is

If this certificate is looked over thoroughly and a lanswered in detail, it will prevent further correspondence. approved tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury. uccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railwoy troincan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping (name origin; "Cancer" is less definite; avoid American Medical Association.) "Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, men-If this certificate is looked over thoroughly and all qu stions perilonaeum, etc., Corcinoma, Sorcoma, etc., ol Never report mere symptoms or terminal condiinterstitial nephritis, by Committee on cough; Chronic Example: Measles (disease etc. valvular heart disease; Nomenclature The contributory " "Shock,"

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County trederick	09207 CERTIFICATE OF DEATH
	Registration Dist. No. /37
Village or City Muonrelle (No.	c. W. (If death occurred in
Village of City Country (170.	St.: Ward) (If death occurred In a hospital or institu- tion, give its NAME in- stead of street and
2FULL NAME CHARLES J. Illo-	augh stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Manual WIDOWED: OR DIVORCED (Write the word)	16 DATE OF DEATH Aug. 1983 a (Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
Lee. 27 , 7878	Clean 1920 to Aug . 1923
(Month) (Day) (Year)	that I list saw handlive on 1893
7 AGE If LESS than I dayhrs.	
0 4 yrs	
B OCCUPATION (a) Trade, profession or	V P
particular kind of work www cerus	Lobar Promone
(b) General nature of industry business, or establishment in	(Duration) wrs. mos de.
which employed or (employer)	Contributory a sold -
9 BIRTHPLACE (State or country) Manulesud.	Secondary (Duration)yrsmosds.
10 NAME OF SALL MY Colleges The	(Signed) In It Bouge M. D.
11 BIRTHPLACE	Aug. 18 1920 (Address) Schoolylown
OF FATHER (State or country) Mary Land	*State the Disease Causing Death, or in deaths from Volent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER muly . Morningslo	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place
OF MOTHER (State or country) Menufland,	of dea' yrs mos ds. State yrs mos ds. Where was disease contracted,
14 THE ABOVE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
Dur todaya to albanate.	Former or usual residence
(Informant) Carrier to the transfer of	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Smondle fue,	Sugarow Oceally all 30707030
15 Filed aug 18 1930 MA tunferen	20 UNDERTAKER Halls, Margield med
If more banks are needed, addre.s State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseloborer, Farm laborer, Laborer.—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., without more precise specification as Doy Spinner, (b) Cotton mill; (a) Solesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fireman, etc. But in many Foreman, For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthera (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (mcrely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Mcasles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Meosles unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Chronie interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid cough; Chronie etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH	CEPTIFICATE OF PEATIL
County Frederick	CERTIFICATE OF DEATH
young,	Registration Dist. No.
1 2 1/2 B 6.	The Said since
Village or City Samwill (No. Viggs Do	Mage Haularstone. Ward) (If death occurred in a hospital or institu-
227	ion, give its NAME in-
2 FULL NAME Mrs Marlha a. S. C	Clbaugh steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, 72	3 ~ 1/ - 1030
Temple White WIDOWED PROBLED	(Month) (Day) (Year)
(Write the word)	17 1 HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	nov - 14 - 1929, 10 March 11 - 1920.
6 - 28 - 1859	that I last saw her alive on Warsh 11 - 19270.
(Month) (Day) (Year)	and that death occurred on the date stated above, at 9
7 AGE	
70 8 I dayhrs.	The CAUSE OF DEATH A was as follows:
yrsmosds.lormin. ?	Cerebral arlisiosebrasis
8 OCCUPATION (a) Trade, profession or	
particular kind of work work	
(b) General nature of industry business, or establishment in	(Duration) yrs. mos. de.
which employed or (employer)	Contributory Reverent hunplagens - maleudichia
9 BIRTHPLACE	Secondary organic directla
(State or country) Frederick bounty Und	(Duration)
10 NAME OF A A	(Signed) Linge N. Riggs M. D.
FATHER B. I. Staley	1 101.1 1 2 1
11 BIRTHPLACE	3 - 11 - 19270 (Address) Jamenelle Md
OF FATHER (State or country) Futurele Country Med. 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER	
a Sarah Me Revell	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER OF 1	At place 2 In the M.
(State or country) Treatiele Crucky Med	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Andusus ust
(Internant) S. Centre Harris (nepleur)	Former or usual residence Tracherile rud.
(montant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Dudwich Wed	MI Oliver Centery Frederick Mah 14 1930
15 Mm 1/2 - P - 2,4 D	
Filed Mary 3 1930 Duccan A. Halcones	1, 1
Registrar	Clarly Frederick Mg.
"f more blanks are needed, address State Registrar,	16 W. Saratoga St., Balfo., Requesting V. S No. 1.

STATE OF MADVIAND

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing death, gaged in domestic service for wages, as Scruent, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the Housemaid, etc. laborer, Furm laborer, Laborer-Ceal mine, etc. Womer," etc., Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; worked on may form part of the second statement (a) Foreman, (b) Automobile factory. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, cupation is very important, so that the relative healthtion applies to each and every person, irrespective of fulness of various paranits can be known. The ques-Statement of Occupation -- Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation If the occupation has been changed The material

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

ment of cause of death approved by Committee on Nomenclature of the American Medical Association.) head of "contributory." (Recommendations on statequences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The naas probably such, if impossible to determine definitely. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway and qualify as accidental, suicidal, or Homicidal, or State eause for which surgical operation was undertaken. For violent deaths state means of injury "Puerperal septicuemia,""Puerperal peritonitie," etc. discuses resulting from ehildbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." vulsions," "Debility" ("Congenital," "Senile," etc.), symptomatie), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; .. (name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; Always qualify all "Соша," "Соп-"Haemor-(second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED WITH TINEADING INF WIDITE DI AINI

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WITH ON AND INVESTIGATION OF THE PECOND	N. SEver, item of information should be carefully supplied ACE should be start EXACTLY, PHYSI-CIANS should state OAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
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No. w.

PLACE OF DEATH County Facturel	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 38
Village or City Lear, New Weather (No. ,	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 1 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH / O -
6 DATE OF BIRTH 12 - 26 -, 1861	Deff. 1 = 1920, to Och - 30,2 1920. that I last naw h save alive on Och . 50 , 19230.
(Month) (Day) (Year) If LESS than I dayhrs.	The CAUSE OF DEATH & was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer). BHRTHPLACE (State or country) Pudwich Co. Will 10 NAME OF FATHER Jacken albaugh 11 BHRTHPLACE OF FATHER (State or country) Pudwich Co. Will 12 MAIDEN NAME OF MOTHER Rockel Hogy 13 BHRTHPLACE OF MOTHER Rockel Hogy (State or country) Pudwich Cy. Wid. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Charles E. Albergh (brother) (Address) Mh. Aury Mill 15 Filed Mr. 1930 Lessean Falconer Registrar	Contributory Colorang obstacles regree and also Secondary: Agencian angula and squeeful attacks (Duration) yrs. mos. de (Signed) Acquest Ac
f more blanks are peeded, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. 8 No. 1

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the bisease causing beath, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a eu at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an (a) Foreman, (b) Automobile factory. The material should be used only when needed. sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, cupation is very important, so that the relative health-Civil engineer, Stationary firemen, etc. But tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation - Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day As examples: (a) in many

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typkoid fever (never report "Typhoid phenimonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia:")

rence All the data is essential and must be obtained before

the certificate is permanently filed.

If this certificate is looked over thoroughly and all ques-Nothenclature of the American Medical Association.) ment of head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain—accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or taken. For violent deaths state means of injury State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Hacmorsymptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease vulsions," use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Surcoma, etc., of (unune origin; "Caucer" is less definite; avoid Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; cause of death approved by Committee "Debility" ("Congenital," "Senlle," etc.) (Recommendations on state-"Anaemla" (secondPLACE OF DEATH

County Frederick	CERTIFICATE OF DEATH Registration Dist. No. 144	
Village or City Thurwant (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)	
PERSONAL / ND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Surgle 6 DATE OF BIRTH	16 DATE OF DEATH (Month) (Day), 1930 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That i attended the deceased from 1920.	
7 AGE (Month) (Day) (Year) 7 AGE If LESS that day/hrs yrs. mos. ds. or/min.	The CAUSE OF DEATH * was as follows:	
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) B BIRTHPLACE (State or country) 10 NAME OF FATHER	(Duration) yrs mos / ds. Contributory Secondary (Duration) yrs mos ds. (Signed) Quest Gray M. D.	
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER Table 1 A agle	*State the Disease Causing Death, or, in deaths from Violent Caus s, state (1) Means of injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)	
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address)	At place of death yis mos ds. In the State yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OR UNDERTAKER ADDRESS	
Filed OV, T. 1900 MMA 11, Registral Registral	ar, 16 W. Saratoge St., Baito., Requesting V. S. No. I.	
If more branks are needed, address State Registrar, 10 W. Saratoga St., Saratoga St.,		

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STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

er," et ... without laborer, Laborer-"Never return" Laborer,""Foreman,""Manager.""l)eal-Spinner, (b) Cotton mill; (c) Salesman. (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) additional line is provided for the latter statement; it state occupation at beginning of illness. If retired from cases, especially in industrial employments, it is necesthe first line will be sufficient, c. g. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Statement of Occupation-Precise statement of ocwhatever, write None. Physician, report specifically the occupations of persons ento know (a) the kind of work and also (b) the 6 yrs). For many occupations a single word or term on without more precise specification as Day Compositor, Architect, For persons who have no occupation mpositor, Architect, Locomotive engineer, Stationery fireman, etc. But in many -Coul mine, etc Wommaterial Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

'tolinus') may be stated under the head of "contributory." (Recommendations on statement of cause of death earbolic acid - probably suicide. The niture of the injury, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases can be ascertained as the cause. Always qualify all "Inanition," "Marasmus, Quanto," Weakness," etc., when a definite disease "Exhaustion," "Heart Annual Old Age," "Old Age," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles inges, perilonacum, etc., Corcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, "Atrophy" "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as cough; Chronic affection need etc. The contributory valeular heart discase, not

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A.Ithe id. is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH			
1	County frederick ,		
Vil	Mago or City Algeroood (No. 7 Hos. new	H.	
	10.1.100	,	
	2FULL NAME CONTINUES C. CILL	Va	
	PERSONAL AND STATISTICAL PARTICULARS		
3 5	Marke Market Single, Married, Widowed, OR DIVORCED (Write the word)	16	
6 1	DATE OF BIRTH	17	
	(Month) (Day) (Year)	tha	
7 /	AGE [If LESS than	and	
	yrs. J mos. 12. ds. or min.?	The	
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)			
9 6	(State or country) Maryland.		
	10 NAME OF FATHER andrew D. alexander,	(Sig	
RENTS	11 BIRTHPLACE OF FATHER (State or country)		
PARE	OF MOTHER Olevia am bossel,	18 1	
	13 BIRTHPLACE OF MOTHER (State or Country)	At pof d	
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if n	
	(Informant) 6. a. alexander	usus 19 F	
	MyAddress) new Amuson, ml,	La	
15	File Max 25 120 M Rushia	20	

If more banks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME ii -stead of street and number.) MEDICAL CERTIFICATE OF DEATH DATE OF DEATH (Month) (Day) that death occurred on the date stated above, at CAUSE OF DEATH * was as follows: Contributory Secondary *State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. ENGTH OF RESIDENCE (For Hospitals, Institutions, Transents or Recent Residents) place In the eath. ere was disease contracted, ot at place of dea.h? ner or

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as νay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager, Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enworked on may form part of the second statement. For many occupations a single word or term on yrs). Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many ,""Deal-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; etc. The contributory

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V. S. No. 1

1	PLACE OF DEATH. County Redence	02911 STATE OF MARYLAND CERTIFICATE OF DEATH
V	On A Part	Registration Dist. No. 13/
Vi	2FULL NAME Abary Busan Am	Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH March 30, 19830. (Month) (Day) (Year)
6	DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	(Month) (Day) (Year)	that I last saw h Talive on I (PC 10, 1923)
7	AGE If LESS than	and that death occurred on the date stated above, at
	8 8 yrs. // mos. /8 ds. or min.?	The CAUSE OF DEATH * was as follows:
10	OCCUPATION (a) Trade, profession or At home particular kind of work	Chracic interstitics
	(b) General nature of industry business, or establishment in	(Duration) yss. mos. ds.
-	which employed or (employer)	Contributory
9	BIRTHPLACE (State or country)	Secondary (Duration) yrd mos ds.
	10 NAME OF FATHER Harry Blockenan	(Signed) M. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
A.R.	OF MOTHER Catherine Shakes	13 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country) Al.	At place of deathyrsmosds. In the Stateyrsmosds.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea.h?
	(Informant) No 13, Gloppel Haffman	Former or usual residence Full Laure for Implication of Burial OF REMOVAL DATE OF BURIAL
-	(Address)	20 UNDERTAKER ADDRESS ADDRESS
15	Filed 31 - Mar 1980 Doa Meliule Registry	A. R. Etchijon for Lisederick
1	If more b.anks are needed, addre.s Ltate Kegistras	, 16 W. Saratoga St., Balto., Lequesting V. S. Ivo. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of cupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Spinner, Physician, Compositor, Architect, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH, whatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation (b) Cotton mill; (a) Salesman. without more precise specification as Day (b) Automobile factory. The material Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Jiphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

st.ted unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Inanition," "Marasmus," "Old Age," "Shock," "E:haustion," atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, as fracture of skull, and consequences (e.g., sepsis, State cause for which surgical operation was underapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) perilonaeum, etc., Carcinoma, Sarcoma, etc., o Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic etc. The contributory valvular heart disease;

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	PLACE OF DEATH	(3)	STATE OF I	
Co	ounty Fraceure	La Thoraga		Dist. No./2/
Villa	2 FULL NAME CIECL COS	Destructed alleg	ere der	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
-	PERSONAL AND STATISTICAL PARTICULARS	MED	ICAL CERTIFICATE	OF DEATH
3 S	ATE OF BIRTH	16 DATE OF DEA	(Month)	(Day) , 1920 (Year)
	17 3,1930	that I last saw h	alive on	, 192
7 AG	(Month) (Day) (Year) If LESS than dayhrs.		curred on the date state EATH ** was as follows:	ed above, at
O (a O pi O (b O bu	CCUPATION) Trade, profession or articular kind of work) General nature of industry usiness, or establishment in hich employed or (employer) (INTH PLACE) (State or country)	Contributory	(Duration)	
	10 NAME OF FATHER Charles a. Alexande	(Signed)	30 Jac	cheraga M.D
RENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN XAME	2001	Disease Causing Death, state (1) Means of Incidal or Homicidal.	n, or, in deaths from jury; and (2) whether
PAI	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF I lents, or Recent At place of death yrs	Residents)	eyrsmosda
14 T	CHE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease co if not at place of death Former or usual residence	ntracted,	· it.
15	(Address) Frederica Mo	Home -	RIAL OR REMOVAL	3-lee ,1936
	Filed December 1920 boar Weluly Registrar	C. a. Wei	ander Foller	Judues -
	If more blanks are needed, address State Registrar,	16 W. Saratoga St	Balto Requesting V	. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school or At home. Care should be taken tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing death, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the whatever, write Nonc. state occupation at beginning of illness. If retired from Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Dealworked ou may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of (a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the pissease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

quences (e. g., sepsis, tetanus) may be stated under the Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; and qualify as Accidental, Suicidal, or Homicidal, or diseases resulting from childbirth or miscarriage as rhage," "lnanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Concouditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Measles Poisoned by carbolic acid-probably suicide. The na-Examples: Aceidental drowning; Struck by railroay as probably such, if impossible to determine definitely, taken. For violing pratits state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia." "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes:" etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemoreausing death). 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men vulsions," (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; "Debility" ("Congenital," "Semile," etc.), (Recommendations on state-"Anaemia" (second-(discase (merely

If this certificate is locked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	Vil	lage or City	ney	ere	(No.		
		² FUL	L NAME.	De	ssie	Ls	abe
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1	b	b) General na usiness, or es which employe	tablishment	t in		V	
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		10 NAME OF	Sea	tt s	Gree	ne	,
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06680

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give Its NAME in-stand of street and number.) Ward) ela Ambros

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH June Le , 1920
(Month) (Day) (Year)
I HEREBY CERTIFY, That pattended the decased from
that I last saw h alive on 4, 192
and that death occurred on the date stated above, at 4 40 de
The CAUSE OF DEATH * was as follows:
Vilmonay whereelves
(Duration) / U yrs mos d
Contributory Secondary
(Duration) yrs mos d
(Signed) Poller M. I Home 6 19730 (Address) Dellar mos
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran ients or Recent Residents)

In the

At place of deathmos...yrs......mos.... Where was disease contracted, if not at place of dea.h?.....

usual residence

20 UNDERTAKER

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewije, Houseen at home, who are engaged in the duties of the er," etc., without more present of mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, whatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton mill; (a) Salesman, For persons who have no occupation Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, State cause for which surgical operation was underunqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train— American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, ChronicExample: Measles (disease etc. The contributory affection need not be valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.-Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD INLY, WITH UNFADING INK-THIS IS A PERMANENT I BINDING

MARGIN RESERVED FOR WRITE H V. S. No. 1

PLACE OF DEATH County James South Village or City Congression (No. 25 ULL NAME Office) 2 FULL NAME Office)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) (Month) (Day) (Year)	(Month) (Day) (Year)
7 AGE If LESS than I day hrs. I day hrs. or min.?	and that death occurred on the date stated above, at 5 m. The CAUSE OF DEATH * was as follows:
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration)
10 NAME OF FATHER B Dickensheet 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OT MOTHER OF MOTHER OTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OTHER OT	(Signed)
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ients or Recent Residenta) At place In the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence
(Informant) (15) Stendard (Address) Stendard (Addre	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL Sept. 9. 1930 ADDRESS Downlet Albrangh Hoodsbord
If more bianks are needed, address State Registra	ar, 16 W. Saratoga St., Balto., Reguesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Carc should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, tion applies to each and every person, irrespective of Foreman, (b) Automobile foctory. The material or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coul minc, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many single word or term on (b) Grocery;

Statement of Cause of Death—Name, first, the Disk EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospitually fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pncumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia");

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, taken. FOR VIOLENT DEATHS State MEANS OF INJURY (secondary Examples: A ecidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi or intercurrent) affection need not be Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions all weight of the detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

V. S. No. 1

PLACE OF DEATH, County Frederick	STATE OF MARYLAND CERT!FICATE OF DEATH Registration Dist. No. / 4/ D
Village or City La Efors 406. 2FULL NAME Vivian May C	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, WIDOWED, OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH (Year) (Year) (Year)
6 DATE OF BIRTH May 22, 1930	I HEREBY CERTIFY, That I attended the deceased from 29 1920. to Resign 6 1930. that I last saw her alive on aug. 1930.
7 AGE Month) (Day) (Year) 7 AGE yrs. 2 mos. /5 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration)
10 NAME OF FATHER OPERING COMMUNICATION OF FATHER (State or country) 10 NAME OF FATHER OPERING COMMUNICATION OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country)	(Signed)
of MOTHER Ethel Saruh Dickensheel Birthplace OF MOTHER (State or Country) Wed'	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) Mrs. Ethel. S. ambroal	if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 8 7 1930 Tolland	Powsh & albangh Woodsbard M
If more bianks are needed, address State Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from laborer, Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; is sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cuok, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a tion applies to each and every person, irrespective of Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Loborer-(b) Cotton mill; (o) Salesman, without more precise specification as Day Compositor, Architect, Locomotive engineer, (b) Automobile factory. The material For persons who have no occupation Stationary firemon, etc. But in many -Coal minc, etc. Wom-6 Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*crebrospinal fever (the only definite synonym is "Fpidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Erhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify ali tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) Example: Measles (disease affection need not be volvulor heart disease; etc. The contributory

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	county It reduced within the Corps	6416 STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist. No. / 3/=
ricate.	Village or City of referred (No	() elly Horitles: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Jan. 3 , 1930 (Month) (Day) (Year)
d no suo	6 DATE OF BIRTH (Month) (Day) (Year)	17 1 HEREBY CERTIFY, That hattended the deceased from 1929. to 3, 19230 that I last saw h ralive on 7. 3, 19330
Instructi	7 AGE 6 2 yrs. 4 mos. 9 ds. or min.?	and that death occurred on the date stated above, at S. 20 R.m. The CAUSE OF VEATH was as follows: Dianeles
ortant. sec	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 3 yts. X mos. X ds.
	9 BIRTHPLACE (State or country) 10 NAME OF FATHER Land Brown 11 BIRTHPLACE	Contributory Secondary Secondary (Duratin) + yrs. 20 mos. 0 ds. (Signed) M. D. An S 19230 (Address) Fine Lexist Fine
200	OF FATHER (State or country) 12 Maiden Name	*State the Liscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
0000	OF MOTHER CALL Safees V 13 BIRTHPLACE OF MOTHER (State or Country) Howard Co.	18 LINGTH OF RESIDENCE (For liospitals, Institutions, Iransients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
10 1110	(Informant) May May and True	if not at place of dea h? Former or usual residence Jesselle mg
oraton	(Address) Sykespelle Hed. Filed 3. January 1930 - Dra Juckusly. Registrat	2D UN DERTAKER DATE OF BURIAL DATE OF BURIAL ADDRESS
		, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Fublic Health Association.)

er," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective ci fulness of various pursuits can be known. The quoscupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housebusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enwhatever, write None. household only (not paid Housekeepers who receive a For many occupations a single word or term on especially in industrial employments, it is neces-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros inal meninatis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"(E:haustion," "Heart langue," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Ilraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Drcpsy," (E:haustion," "Heart failure," "Ilaemorrhage," st_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentclanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The n_ture of the injury, as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY

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WRITE

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statement of OCCUPATION is very important. See instructions on back of certificate		
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PLACE OF DEATH . /	14957 STATE	OF MARYLAND
County Hredericka	(3) CERTIFIC	ATE OF DEATH
0++	Registr	ation Dist. No. 144
Village or City Calocten (No	St.:	
2FULL NAME Conclers		tion, give its NAME i stead of street ar number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFIC	ATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED.	16 DATE OF DEATH SEC	14 , 1930
Temale While OR DIVORCES (Write the word)	(Mont	1)(Day)(Year)
6 DATE OF BIRTH		t I attended the deceased from
Dec 14, 1930	that I iast saw halive on	
(Month) (Day) (Year) 7 AGE If LESS than		
7 AGE If LESS than 1 dayhrs.		
yrsds. ormin.		
a) Trade, profession or		
particular kind of work		**************************************
business, or establishment in	A. Duranger	y
which employed or (employer)	Contributory STUL	you
(State or country) mary		n)yrsnos,d
10 NAME OF DATE OF THE PARTY OF	(Signed) 1 8 8 /4	uny M.
11 BIRTHPLACE	120 13 1930 (Address)	raillasin mg
OF FATHER (State or country) Frederick Squarts	*State (the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.	Death, or, in deaths from
E 12 MAIDEN NAME		
of MOTHER Jona d. Slankhousel	18 LENGTH OF RESIDENCE (For ients or Recent Residents)	Hospitals, Institutions, Tran
13 BIRTHPLACE OF MOTHER	At place of deathyrsmosds.	In the Stateyrsmos
(State or Country)	Where was disease contracted, if not at place of death?	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or	
(Informant) Chas It. Gudess	19 PLACEJOF BURIAL OR REMOVAL	DATE OF BURIAL
(Address) R.D. Thurmont	Lewistown	Dee15,3
15 Filed Dee 15 1930 anna M. Jones	20 UNDERTAKER (Index	ADDRESS 4
Registrar	ragis. wrace	Calocum

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Household* only (not paid *Housekeepers* who receive a definite salary). Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. to report specifically the occupations of persons ener," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation If the occupation has been changed

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospied() fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuky State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptom. stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death (secondary "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condi or intercurrent) affection need not be Example: Measles (disease

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should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; nature of the business or industry, and therefore an gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, (b) Automobile factory. The material Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stited unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic valvular heart disease; etc. The contributory

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>

PLACE OF DEATH	14958
	STATE OF MARYLAND
County Fulderell Within the Cont	© CERTIFICATE OF DEATH
Toolinis Grant	Registration Dist. No.
Village or City frederick (No. 91000) 2FULL NAME Baby Bo	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME in stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white Single, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH OF 192
6 DATE OF BIRTH Dla. 15, 1930	17 I HEREBY CERTIFY, That I attended the deceased frame
(Month) (Day) (Year)	that I last saw h han alive on of the last 192,
O yra. O mos. ds. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
a) Trade, profession or	
particular kind of work (b) General nature of industry	Jangs na Color
business, or establishment in which employed or (employer)	(Duration)yrsds,
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) (Duration) (Duration)
10 NAME OF FATHER A. Carter Explebly	(Signed) M. D.
C OF FATHER (State or country) 12 MAIDEN NAME (C) 12 MAIDEN NAME	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Cast Lowbert	13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the State yrs de. State yrs de.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
(Informant) A. C. lepplebles	usual residence
(Address) fre levels, Med	Linganoil Chi Dec 16,930
Filed J. Dec 1980 Day McCurly Registras	M. R. Celebison for federick my
If more banks are needed, addre s tage Registrar	16 W. Saratoga St., Bulto., Lequesting V. S. No. 1,



REVISED UNITED STATES CERTIFICATE OF DEATH STANDARD

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., without more kinner. -- Call mine, etc. Wom-laborer, Farm laborer, Laborer—Call mine, etc. Wom-laborer, Farm laborer, Laborer—Call mine, etc. Wom-laborer, Farm laborer, Laborer—Call mine, etc. worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e.g., Farmer or Planter, or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enwhatever, write None. For many occupations a single word or term on Compositor, Architect, Locomolive engineer,

s, inal menin, itis"); Dinhlheria (avoid use of "Croup"); ed term for the same dise_se. Examples: Cerebrospinul ferer (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Disc Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia ("Pneumonia,

> American Medical Association.) st.ted unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Com2," "Convulsions, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid approved by Committee on telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-(Recommendations on statement of cause of death perilonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS state MEANS OF INJU.; Y cough; Chronic valvular heart disease; etc. The contributory Nomenclature of the

answered in detail, it will prevent further correspondence. data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all questions

permanently filed.

	e or City		(No		29		stration Dist. No
	²FULL N	El	ur.E.	arm	old	*************************************	tion, stead numb
	PERSONAL	AND STATIST	ICAL PARTIC	ULARS	ME	DICAL CERTIF	CATE OF DE
3 SEX	ale 1	WWW.	MARRIED, WIDOWED OR DIVORCE (Write the word	harried	16 DATE OF DEA	YN MY	29 oth) 29 (Day)
6 DAT	E OF BIRTH	1/40	27	, 1862	May	LEBY CERTIFY T	hat I attended t
		(Month)	(Day)	(Year)	that I last saw h	alive on V.	real ray
7 AGE	6	7 yrs. 6	mos. 2	If LESS than I day hrs. or min.?		DEATH * was as fo	
8 000	UPATION						
partic (b) C	General nature	of industry	k Farm	4	Ohr	que A	trofiles
(b) C busin which	cular kind of General nature ness, or establi	of industry shment in (employer)	k Farm	es.	Contributory	mie H Mutal Durat	Justiliano X 103
partic (b) C busin which	cular kind of General nature ness, or establish employed or the culture of country) of NAME OF FATHER	of industry shment in (employer)	d and	es Ed	Secondary (Signed)	Antid Pry Howas	sufficient
partic (b) C busin which 9 BIRT (S)	cular kind of General nature ness, or establish employed or THPLACE State or country) NAME OF FATHER BIRTHPLACE OF FATHER (State or country)	of industry shment in (employer) Oaniel try)	d anno	es Ed	(Signed) *State the Violent Causes	(Dural) (Dural) (Dural) (Dural) (Address)	ion) Sylvanian State Death, or, In
partic (b) C busin which 9 BIRT (S) 10 11 12 V W W 12 V M	cular kind of General nature ness, or establi the employed or THPLACE State or country) NAME OF FATHER BIRTHPLACE OF FATHER (State or country) MAIDEN NAME OF MOTHER BIRTHPLACE	of industry shment in (employer) Oaniel try)	d anor mo	ed d	(Signed) *State the Violent Causes Accidental, Suice the Violent Causes Accidental, Suice the Violent of Recent the Violent of Recent the Violent the	(Durate of Causing State (1) Mean idal or Homicidal.	ion) A y 3
partic (b) C busin which 9 BIRT (S) 10 0 11 12 4 4	cular kind of General nature ness, or establi the employed or THPLACE State or country) O NAME OF FATHER BIRTHPLACE OF FATHER (State or country) MAIDEN NAME OF MOTHER (State or Country) O NAME OF FATHER (State or Country) O NAME OF FATHER (State or Country) O NAME OF FATHER (State or Country)	of industry shment in (employer) Daniel try) try)	d anor mo	ed d	(Signed) *State the Violent Causes Accidental, Suice 18 LENGTH OF ients or Recen At place of deathyrs	Disease Causing s, state (1) Mearidal or Homicidal. RESIDENCE (For the Residents)	Death, or, in of lajury and r Hospitals, Inc.
partic (b) C busin which 9 BIRT (S) 10 11 12 24 4 13	cular kind of General nature ness, or establi the employed or THPLACE State or country) O NAME OF FATHER BIRTHPLACE OF FATHER (State or country) MAIDEN NAME OF MOTHER (State or Country) O NAME OF FATHER (State or Country) O NAME OF FATHER (State or Country) O NAME OF FATHER (State or Country)	of industry shment in (employer) Daniel try)	d anor Mo Boy Md of My Knows	en la	*State the Violent Causes Accidental, Suic IB LENGTH OF ients or Recen At place of death yrs	(Durate Market Contracted, death?)	Death, or, In of Injury and In the Stateyr.
partic (b) C busin which 9 BIRT (S) 10 11 12 24 4 13	cular kind of General nature ness, or establish employed or THPLACE State or country) NAME OF FATHER BIRTHPLACE OF FATHER (State or country) MAIDEN NAMO OF MOTHER BIRTHPLACE OF MOTHER (State or Country)	of industry shment in (employer) Daniel try) try)	d and mo Boy Mo of My KNOW!	en de	*State the Violent Causes Accidental, Suic IB LENGTH OF ients or Recen At place of death	(Durate Market Contracted, death?)	Death, or, In of Injury and In the State

05523 STATE OF MARYLAND 11/178 OF /129

CERTIFICATE OF DEATH

Registration Dist. No. 14/ St.: Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

MEDICAL CERTIFIC	CATE OF DEATH
16 DATE OF DEATH 17 I HEREBY CERTIFY The 1925 to that I last saw h alive on the date. The CAUSE OF DEATH * was as follows:	e staved above, at
Contributory (Duration Signed) (Signed) (Address) 17	M.D. M.D.
18 LENGTH OF RESIDENCE (For ients or Recent Residents)	Hospitals, Institutions, Trans
At place of deathyrsmosds. Where was disease contracted, if not at place of death?	In the State yrs mos ds
19 PLACE OF BURIAL OR REMOVAL	L DATE OF BURIAL

No. 1 V. S.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on capecially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material Locomolive engineer, 6 Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, American Medical Association.) approved by (Recommendations on statement of cause of death taken. FOR VIOLENT DEATHS State MEANS OF INJULY "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need Committee on Nomenclature of the Chronic valvular heart disease; etc. The contributory not be

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BINDING

MARGIN RESERVED FOR

Vill	lage or City Limitshing (No	St.: Ward) (If death occurre a hospital or institution, give its NAM stead of street number.)
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 5- 7, 1934 (Month) (Day) (Yea
6 D	Jeli 7, 186 (Month) (Day) (Yea	5 - /
7 A	If LESS to la	hrs. The CAUSE OF DEATH * was as follows:
pa (b	occupation a) Trade, profession or learning land of work b) General nature of industry usiness, or establishment in which employed or (employer)	Ohrni Dhysaudilo (Duration) several year
9 B	10 NAME OF FATHER Cellion H. ashbough	(Signed)
RENTS	11 BIRTHPLACE OF FATHER (State or country) Waryford 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths fro Violent Causes, state (1) Means of Injury, and (2) Wheth Accidental, Suicidal or Homicidal.
PA	OF MOTHER Wary Joue Dyer 13 BIRTHPLACE OF MOTHER (State or Country) Unquia	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tients or Recent Residents) At place of death
14 7	(Informant) Lune to the first of MY KNOWLEDGE (Address) Sumultiling und	Former or usual residence USual Posissing Date of Burial Date of Burial Or REMOVAL DATE OF BURIAL OF BURIA
15	Filed May 8. 1930 M.T. Shuff	20 UNDERTAKER ADDRESS

1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Compositor, Archited, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Spinner, (b) Cotton mill; (o) Solesman. should be used only when needed. As examples: (o) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a whatever, write Nonc. business, that fact may be indicated thus; Farmer (re-For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Loborer-Coal mine, etc. Womyrs). without more precise specification as Doy For persons who have no occupation 6) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopmeumonio ("Pneumonia");

inges, peritonoeum, etc., Carcinoma, Sarcoma, etc., of use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need Chronic interstitiol nephritis, Whooping (name origin; "Cancer" is less definite; avoid tions, such as "Asthenia," "Anaemia" (merely symptom-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., Sepsis, carbolic acid-probably suicide. The n ture of the injury, occident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-American Medical Association.) Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic valvular heart disease; etc. The contributory not be

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WRITE

V. S. No. 1

0	D	Y, PHYSI- led. Exact
	ECORD	ed EXACTL
SINDING	ERMANENT	should be start it may be prop
RVED FOR BINDING	E-THIS IS A PERMANENT ECORD	supplied. ACE should be stated EXACTLY, PHYSI- terms so that it may be properly classified. Exact

	PLACE OF DEATH	10378	STATE OF M	MARYLAND
0	County Frederick		CERTIFICATE	OF DEATH
	ø.	90	Registration D	Dist. No. 134
Villa	age or City Fruntshing (No.		St.: Ward)	(If death occurred in a hospital or institu-
	2FULL NAME William & a	Celbough		tion, give its NAME is stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE O	F DEATH
3 51	MARRIEO, Verrale WIDOWEO. OR DIVORCED	16 DATE OF DEATH	9-1	<u> </u>
-	(Write the word)			(Day) (Year)
6 0.	ATE OF BIRTH	Jan 15	· 30 9	anded the deceased from
	(Month) (Day) (Year)	that I last saw her	nealive on 9	1, 193.0,
7 A	GE [If LESS than	and that death occur	rred on the date stated	above, at 773 Pm.
	70 10 17 dayhrs.	The CAUSE OF DEA		1127
	O yrs. / O ds. or min.?	arterior		
l (a	Trade, profession or	Chrom	c myo curd	NG
The same of the sa	rticular kind of work General nature of industry	arrian	la fibrical	rong
bu	siness, or establishment in		(Duration)	al years de.
- E	hich employed or (employer) Aubarla	Contributory	relval Lemon	Lage
9 81	(State or country)	Secondary	(Duration)	
	10 NAME OF	(0: 1)	LAR Cadle	M. D.
	FATHER William H. ashbangh	(Signed)	Duning Same	- TA 2 0
0)	11 BIRTHPLACE OF FATHER		(Address)	
LZ H	(State or country) Waryloud	Violent Causes, s	Pisease Causing Death, tate (1) Means of Injury Homicidal.	ury and (2) Whether
PARE	OF MOTHER Wartha Jane Dyer	100000000000000000000000000000000000000	SIDENCE (For Hospita	als, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER	At place		76 yrs 10 mos 17 ds.
1	(State or Country) Urguna	of death vis		yrs. 2mos J
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea		
	as Muss Turbel Les House	Former or usual residence	not Pesiden	vc.L
	(Informant)	19 PLACE OF BURIA	L OR REMOVAL	DATE OF BURIAL
	(Address) Staddack all	Cumul	lung rud	Sept 5, 1950
15	Filed Sept 3 19290 M. To Shraff	20 UNDERTAKER		ADDRESS
-	Kalinean .	. J. D	E I A V	to 1
	If more b.anks are needed, addre.s Ltate Registrar	, 10 W. Saratoga St.,	Daito., Kequesting V. 5	

(Approved by U. S. Census and American Fublic Health Association.)

laborer, definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-For many occupations a single word or term on who are engaged in the duties of the For persons who have no occupation

s. inal meningitis"); Dinhtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same dise.se. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhcid Pncumonia"); pneumonia, Bronchopneumonia ("Pneumonia,

> atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Drcpsy," (E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n_ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, (secondary or intercurrent) affection need not be perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY interstitial nephritis, resulting from childbirth or miscarriage as by Committee on Nomenclature of the Chronic etc. valvular heart disease; The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

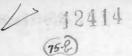
permanently filed.

Every item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT BINDING ~ FOR S UNFADING INK--THIS RESERVED MARGIN WRITE

N. B.--

1		(200)
PLACE	OF	DEATH
4		V . U
County	re	derich

Filed 23. Otto Levoso do



STATE OF MARYLAND CERTIFICATE OF DEATH

ADDRESS

	Registration Dist. No. 12/
Village or City Monteure to spelal 2FULL NAME William Oyers	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. Widowell OR DIVORCED (Write the word)	16 DATE OF DEATH OCT 20, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Sept 2.2 1930 to Cet 19, 1930, that I last saw himsalive on Qct 19, 1930,
7 AGE 57 yrs. mos. 23 ds. lf LESS than 1 day hrs. or min.?	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs.) mos ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER Charles Curry 11 BIRTHPLACE	Contributory Secondary (Durston) yrs. mos. ds. Oned) 1307 200 1307
CState or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF FATHER (State or country) Manual Authority Authority 13 BIRTHPLACE	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place
OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	of death yrs
(Address) What I have the	1 - 1 - 1 - 1 - Comme 23-(1)CK- 10 80

If more bianks are needed, address State R gistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrer

2D UNDERTAKER

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesmon. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Furmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servont, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dcalworked on may form part of the second statement. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationory fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Loborer-Coal mine, etc. Womwithout more precise specification as Doy (b) Automobile factory. The material For persons who have no occupation (b) Grocery,

Statement of Cause of Death—Name, first, the pissease Causing Death (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

carbolic acid-probably smade. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "(Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of of fracture of skull, and consequences (e. g., sepsis, leganus) may be stated under the head of "contributory." accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease (secondary Chronic interstitial nephritis, American Medical Association.) approved by Committee on Nomenclature Recommendations on statement of cause of Examples: A coidental drowning; Struck by roilway trainunqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; or intercurrent) Chronic valvular heart disease; Example: Measles (disease "Senile," etc.), "Dropsy," failure," "Haemorrhage," affection need not be etc. The contributory Meastes;

If this certificate is looked over thoroughly and all questions abswered in detail, it will prevent further correspondence. All the late is essential and must be obtained before the certificate is permanently filed.

NO

V. S. No. 1

PLACE OF DEATH	07995 STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH
	(31) Registration Dist. No. 139_
Village or City State Sanatorium (No.	St: Ward) (If death occurred in a hospital or institution, give Its NAME in
2 FULL NAME Mr Charles W	Beechtel In stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH July 19 F , 193 D (Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
June 11 1879	1/11/29 192 to 7/1 9/30 192
(Month) (Day) (Year)	that I last saw h / malive on
7 AGE If LESS than	and that death occurred on the date stated above, at 5.40 Pm.
5/ yrs. 2 mos. 19 ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or	
particular kind of work real colate violen	
(b) General nature of industry business, or establishment in	(Duration)yrsmosds.
which employed or (employer)	Contributory Liberculous Paymentis
9 BIRTHPLACE (State or country) A	Secondary
10 NAME OF	(Puration) yrs (mos ds.
FATHER Charles Los Baschtel	(Signed) AUV WILL STATE OF THE M. D.
0) 11 BIRTHPLACE OF FATHER	July 17 192 UAddress) flale Adrawum
Z (State or country) tracko Maryland	*Syste the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER OF	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or Country) Wary and	At place of deathyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, who was if not at place of dea.h?
(Informant) Wa Gardner	Former or usual residence 9.15 View St. Hagerstown me
(Address) State Lanatopyen mg.	Hageston M. DATE OF BURIAL
15 Filed / (4/30 192 Registrar	M. Murrick Hayers town mo
If more blanks are needed, addre.s Ltate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs. state occupation at beginning of illness. If retired from er," etc., Spinner, sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. Housemuid, etc. If the occupation has been changed laborer, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation 6 Automobile factory. The material (b) Grocery; Wom-

Strtement of Cause of Death—Name, first, the DISEAL CAUSING DEATH (theprimary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fover (never region "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." "PUERPERAL seplicaennia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "E:haustion," atic), "Atrophy," "Collapse," "Coma," "Convulsions," unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJULY WhoopingAmerican Medical Association.) cough; ngenital," "Senile," etc.), "Dropsy, "Heart failure," "Haemorrhage, Chronic valvular heart disease, The n .ture of the injury, etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE

V. S. No. 1

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		•		

PLACE OF DEATH

2FULL NAME

Filed & - Meunte 1980

County Frederick

Within the Corporate limits

3769

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No./

Village or City Frederick	(No.	416	N.	Market	St
---------------------------	------	-----	----	--------	----

Annie Elizabeth Baer

St.: Ward)

(if death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

3 9	Female	4 cold		RRACE	WIE	GLE, RRIED DOWER DIVOR	CED	ngle
6 [ATE OF BI	RTH						
		Aug	ust			1	2	1845
				(Month))	(Da)	7)	(Year)
7 A	GE					0.0		If LESS than I dayhre ormin.
()	a) Trade, particular ki	rofession nd of wor	k		******	····	•••••	
() P () b W	a) Trade, p	orofession on of wor nature of establishmoyed or (em	kindus	n er)	*	. Hon	ne	
() P () b W	a) Trade, particular ki b) General usiness, or which emplo	rofession nd of wor nature of establishm yed or (em E ountry)	indu	er)	•	Hon	ne	
() () b w	a) Trade, particular ki b) General usiness, or which emplo SIRTHPLAC (State or c	orofession and of wor nature of establishm syed or (em euclider)	indu	Md Baer	•	Hom	ne	
() P () b W	a) Trade, particular ki b) General usiness, or which emplo SIRTHPLAC (State or c	orofession and of wor nature of establishm byed or (em country) OF t Jace HER or country) N NAME	industrial industrial	Md Baer	d.			

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH NOV. 8, 19838
(Month) (Day) (Year)
17 , I HEREBY CERTIFY, That I attended the deceased from
Ope 16 1980.10 Now 5, 1930
that I last saw h exalive on OCT 3D, 1923D
and that death occurred on the date stated above, at 10 fam.
The CAUSE OF DEATH * was as follows:
arterio Sclerovis
2
(Durstion) Zyrsmosds.
Contributory Secondary
(Signed) Durstion yes mos ds.
(Signed) M. D.
nov. 8 1930 Address) Tuesersely mo
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
At place of death yrs mos ds.
Where was disease contracted,
Former or # 416 N Lunarket Street.
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Mt. Olivet Cem, Fredk, Md. Nov.10 , 19 30
20 UNDERTAKER ADDRESS .
M. R. Etchicont Con

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House er," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

permanently filed.

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "Inanition," "Marasmus," "Old Age,", "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic, interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," (secondary or intercurrent) affection need not be inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-If this certificate is looked over thoroughly and all questions "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-'Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," of the

PLACE OF DEATH	STATE OF MARYLAND
County Firedereck	CERTIFICATE OF DEATH
Near to	Registration Dist. No./3/
Village or Opy Frederick Jametion 2 FULL NAME Norman 6. I	R. L. Ward) (If death occurred in a hospital or institution, give its NAME in stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, Sengle, MARRIED, WIDOWED. Male White (Write the word)	16 DATE OF DEATH Nov 14, 1980 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Nor 14 1930 to Instant death, 1923, that I last saw h
7 AGE 19 yrs. 9 mos. // ds. or min.?	and that death occurred on the date stated above, at 10x00414.
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Yas handling Fun Corrows Virdish (Duration) yes mos de Contributory Secondary
10 NAME OF FATHER Charles & Raer 11 BIRTHPLACE OF FATHER (State or country Maryland	(Signed) (Duration)
12 MAIDEN NAME OF MOTHER Amie J. Stell 13 BIRTHPLACE OF MOTHER (State or Country) Maryland.	18 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Truns ients or Recent Residents) At place of death yrs ds. ds. State was disease contracted,
(Informant) Hors Annie J. Baer	Former or usual residence / Law Frederick Juntain 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address View Freedle Junction	Mot Olivet Com Nov 16. 150
Filed 13 - November 1920 Dog heliely Registrals	Thomas J. Rice Frederick, , 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census ɛnd American Fublic Health Association.)

fulness of various pursuits can be known. The quoscupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neccs-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not raid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coul minc, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material 6 Grocery,

Statement of Cause of Death—Name, first, the pisses CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospital fever (the only definite synonym is "Epidemia cerebrosis in al meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

st.ted unless important. Example: Measles (disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E:haustion," "Heart failure," "Haemorrhage," accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar) or intercurrent) affection need Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of theinjury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. approved by Committee on Nomenclature of the Recommendations on statement of cause of death American Medical Association. perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJULY Always qualify all not be

If this certificate is looked over thoroughly and all qu stions anywered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is parmanently filed.

File Nov . 21

	MARGIN RESERVED FOR BINDING	BINDING
A.Y.	WITH UNFADING INK THIS	Y, WITH UNFADING INKTHIS IS A PERMANENT RECORD
formati tate OAI	on should be carefully supplied USE OF DEATH in plain terms so ION is yery important. See instru	formation should be carefully supplied AGE should be stated EXACTLY, PHYSI-tate OAUSE OF DEATH in plain terms so that it may be properly classified. Exact CUPATION is very important. See instructions on back of carriers.

Co	PLACE OF DEATH Frederick.	(Original)	1371	CERTIFICATE	
Cot	WITH N CORN	ATE LIMITS OF	(37)	Registration	Dist. No. 131
Villag	re or City Frederic 2 FULL NAME MR.	k (No Frederick BENNIE BAKER	City Hospital	St:Ward	(If death occurred in a hospital or inetity tion, give its NAME in stead of street an number.)
	PERSONAL AND STATISTI	CAL PARTICULARS	MEDIC	CAL CERTIFICATE	OF DEATH
s se Mal		b single, Married Married, Widowed OR Divorced (Write the word)	16 DATE OF DEAT	Nov.	21 , 19230 (Day) , 19230
d DA	te of birth May	12 897	Nov. 2	0 100 30 1	
	(Month)	(Day) (Year)			OV21, 1023
(a) par (b)	Trade, profession or Stone sticular kind of work. Stone General nature of industry	Mason. or Contractor.	Acute d		8.
whi	ich employed or (employer)		Contributory,	Diabetes (Duration) ?
1	NAME OF GEORGE	Baker.	(Signed)	UV Maration)	Ameth in
ENTS	IL BIRTHPLACE OF FATHER (State or country)	Virginia.	*State the D Violent Causes, a	state (1) Means of Inj	ick Md., n, or, in deaths from jury; and (2) whether
	of Mother Ida R.	Brown.			olials, Institutions, Tran
19 BIRTHPLACE OF MOTHER (State or country) Virginia.			At place of deathyrs	nos]. da. In the	e ie,yrsinos]d
	mformant) Mrs. Ben 812 Wake	st of my knowledge nie Baker (Wife.) eman Ave.	Where was disease contrif act at place of death? Former or usual residence	Jsual Reside	DATE OF BURIAL
	(Address) Newark	N.J.	Union Com.		N 07 'S

Registrar

C.H. Feete & Son.

Brunswick, Md.

Ira J. McCurdy

(Approved by U. S. Census and American Public Health Association.)

age. For many occupations a single word or term on the first line will be sufficient, e. g., Furnier or Planter, cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necess Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive Ingineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school or At home. Care should be taken work, or At definite salary), may be entered as Housewife, House laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reto report specifically the occupations of persons en-(a) Foreman, (b) Automobile factory. Statement of Occupation-Precise statement of oc Home, and children, not gainfully em-The material

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercurospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

unqualified, is indefinite); Tuberculosis of lungs, men State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," rhage," "Inanition," "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronehopneumonia stated unless important. Example: Measles (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measless (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Dropsy," "Exhaustion," "Heart failure," Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on "Uracmia," "Weakness," etc., when a definite discase vulsions." Whooping cough; FOR VIOLENT DEATHS State MISANS OF INJURY "Debility" ("Congenital," "Sepile," etc.), Chronic valvular heart discase; (Recommendations on state-"Coma," "Haemor (second-(merely (disease " "Conetc.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



3

	PLACE OF DEATH County Friederick	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No./2/
	Village or City Trederics (Notrederics 2FULL NAME De Christine	City Spatial: Ward) (If d-ath occurred in a hospital or institution, give its NAME II - stend of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH.
	4 COLOR OR RACE SINGLE, MARRIED WIDOWED (Write the word)	Month) (Day) (Year)
	6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1930. to 1923 6 That I last saw hell alive on 1927 6
	7 AGE 64 yrs. 11 mos. 23ds. or min.?	
The second	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Crypifela Chapter lif. (Duration) yrs. mos. ds.
1	9 BIRTHPLACE (Nate or country) Frederick May	Contributory Secondary (Durstjon) mosds.
	FATHER Thank Craser	(Speed) M. D. M. D
	OF FATHER (State or country) Sermany (State or country) Commany (State or c	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER Many Wercer 13 BIRTHPLACE OF MOTHER (State or Country) Pensylvania	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrs
	(Informant 10 W M Horolog	Where was disease contracted, if not at place of deah? Former or usual residence Fulderink Ind
	(Address Monroe M.C. M	Olived-Theolerich May 1930
	Filed 7-laurcy 1928 Da McCully Registral	20 UNDERTAKER FROM Frederich Md
	If more b.anks are needed, addre.s Ltate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocsary to know (a) the kind of work and also (b) the tion applies to e.ch and every person, irrespective cf Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed first line will be sufficient, e.g., Farmer or Planter, sician, Compositor, Architect, Locomotive engineer, Foreman, (b) Automobile factory. The materia For many occupations a single word or term on For persons who have no occupation Grocery;

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinul fever (the only definite synonym is "Epidemia cerebrosial meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Ilaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), st.ted unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train approved by Committee on (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Nomenclature of the

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Vf more blanks are needed, address State Registrar, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, taken to report specifically the occupations of persons write None Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife. Housework, or At Home, and children, not gainfully applies to each and every person, irrespective of age. who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers only when needed. As examples: (a) Spinner, (b) Cotton precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Pealer," etc., mobile factory. The material worked on may form part is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the cion, Compositor, Architect, For many occupations a single word or term on the especially in industrial employments, it is necessary to engineer, Stationary freman, etc. first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question (pr.) For persons who have no occupation whatever, Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer." (a) Salesman, (b) (roccry: (a) Foreman, is very important, so that the relative healthful-Locomolive engineer, But in many cases, If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic corebrospinal meningitis"); Dephtherm invoid use of "Croup"); Typhoid fever (never report "Typhoid prenmonia"); Lobor received the prenmonia of lungs, menin-

on Nomenclature of the American Medical Association. on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, letanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned Struck by railway train—accident, Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL peritonites." etc. State cause for which "Ansemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" to determine definitely. Examples: Accidental drowning birth or miscarriage as "PUREPERAL septichamia." cause. Always qualify all diseases resulting from childctc., when a definite disease can be ascertained as the mus," ."Old Age," "Shock," "Uraemia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never report maere cough; Chronic valvulor heart disease; Chronic interstition Example: Measles (disease causing death), 29 de.; Bronrent) affection need not be stated unless important nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping The contributory (secondary or intereurby carbolic acid-probably "Dropsy," "Atrophy," "Col-"Exhaustion, ("Con-

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PLACE OF DEATH

	County Frederick	CERTIFICATE OF DEATH
1	Village or City Via Jefferson (No	St.: Ward) St.: Ward) (If death occurred is a hospitul or institution, give its NAME ir stend of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE MARRIED Marvied WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH A COLOR OR RACE WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH 7 AGE If LESS than I day hrs. or min.? OCCUPATION (a) I rade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	16 DATE OF DEATH (Month) (Day) (Yeer) 17 I HEREBY CERTIFY, That I attended the deceased from 1930 to Aph 25 1950 that I last saw him alive on Fish 27 1950 and that death occured on the date stated above, at 6, 30 9, m The CAUSE OF DEATH * was as follows: (Duretion) 5 yrs mos d
	Description 10 NAME OF FATHER Source Boker 11 BIRTHPLACE OF FATHER (State or country) Survey 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) Survey 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) August Boker (Address) 1980 Page Markette	Contributory Secondary (Duration) (Signed) (Signed) *St.te the Discase Cauring Heath, or, in deeths from Violent Caus s, state (1) Means of injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Prospitals, Institutions, Transients or Recent Residents) At place of death. Where was disease contracted, if not at place of death? Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

If more b.anke are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., Without more process. Coal mine, etc. Wom-laborer, Rarm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of faluess of various pursuits can be known. The quescupition is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, Housemaid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The material For many occupations a single word or term on Cotton mill; (a) Salesman, (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. E.amples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopmeumonia ("Pneumonia,"

Capproved by Committee on Nomenclature stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease causing Chronic interstitial nephritis, (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory" carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), resulting from childbirth or miscarriage as cough; " "Marasmus," "Old Age," "Shock," Chronic etc. The contributory valvular heart Measles; disease;

If this certificate is 1. oked over thoroughly and a:l questions answered in detail, it will prevent further correspondence. the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	ARE OF MARYLAND
County Trederick	CERTIFICATE OF DEATH
	/29 Registration Dist. No. / 3/
Village or City Monterus Tropital	St: Ward) (If death occurred in a hospital or institution, give its NAME is -
2FULL NAME Oliver R. Balser	tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
Wale White (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
luknowy	Mpril 25 1930 to May 8, 1980.
(Month) (Day) (Year)	that I last saw h Lu alive on May , 1930,
7 AGE If LESS than	and that death occurred on the date stated above, atm,
Z 0 7 yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
e occupation (a) Trade, profession or	brenca
aparticular kind of work 4 and Worker	
(b) General nature of industry business, or establishment in	7.
which employed or (employer)	(Duration) vrs
9 BIRTHPLACE (State or country)	Centributory
1 10 NAME OF anyland	(Duration) yrs. mos. 1.1ds.
FATHER ENLIGH LIBORO	(Signed) M. D.
M 11 BIRTHPLACE	May 7 1928 (Address Trades / May
(State or country) Maryland	State the I'lsease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Julia am Vinerumen	ID LUNGTH OF RUSIDENCE (For Respitals, Institutions, Truns- ients or Recent Residents)
13 BIRTHPLACE	At place) & I in the 20
(State or Country) Maryland	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	former or
(Informant) Laures. a. Jones Sunit	usual residence
(Address) Montene Hospital, Trederick	Mondal DATE OF BURIAL May /1, 19.3
15 Filed 10- Lucy 1980 Dra Luclusty	20 UNDERTAKER ADDRESS
Registra	111 certifican frumon
lf/more b.anks are needed, addre.s Ltate lyegistrar	, 16 W. Saratoga St., Balto., Lequesting V. S. ho. I.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to e:ch and every person, irrespective ci cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*en at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "For man," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, first line will be sufficient, e. g. . Farmer or Planter, For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or misearriage as "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar or intercurrent) Chronic interstitial nephritis, Whooping cough; approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death "Atrophy." "Collapse," "Com2," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.Y Chronic Example: Measles (disease valvular heart disease; etc. The affection need not be contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

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PLACE OF DEATH County Frederick I.O.O.F. Hor		(19209) (129)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No./3/	
Village or Ci	Mrc .	(No	Home of Maryland	Ward) (If death occurred a hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS			MEDICA	AL CERTIFICATE OF DEATH
s sex Female	4 COLOR OR RACE	MARRIED, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH	(Month) (Day) (Year)
6 DATE OF BI	Feb.	19, 85 (Day) (Yea	that Hart saw her	CERTIFY, That I attended the deceased from 0.1920. to aug 22 , 1920
7 AGE		mos. 3 ds or m	han and that death occurs	ed on the date stated above, at 9,500
business, or which employed (State or control of NAME	of Geo. S. Bando	d	Contributory Chesses (Signed) (Signed) 1920	(Duration) Tronic on terstitual William (Sembly) Port of the most of the mo
OF FAT (State	or country)		Accidental, Suicidal o	
of Mother Mary R. Phumprey. 13 BIRTHPLACE OF MOTHER (State or country) Md.			At place of death. yrsme	os. In the State mos.
(Informant) I. O. O. F. Home Records, Frederick, Md. (Address)			Where was disease contrif not at place of death Former or usual residence	Othorne Date OF BURIAL
Filed 2.3 aug. 1926 Voca, Culturally Registrat			M. R. Etchis	on & Son Frederick, Md.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health en at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesmon, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken whatever, write Nonc. Housemuid, etc. If the occupation has been changed For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> " Uruemia, "Exhaustion," "Heart Janus," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Meosles (disease inges, perilonaeum, etc., Carcinoma, Sarcona, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; telonus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Whooping unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY approved by Committee on Nomenclature of the (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway troin-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-"" Weakness," etc., when a definite disease cough; Chronic valvular heart discuse; etc. The contributory

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PLACE OF DEATH	13774 STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH
	Registration Dist. No. / 30
Village or Cit Buckey stowy (No.	St.; Ward) (If death occurred in the state of institution
	tion, give its NAME i
2 FULL NAME Sewis Templeto	Stead of street ar number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH 2001. 21 1930
Male While OR DIVORCED	
(Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
DATE OF BIRTH	MW 14 1000 1 2000 21 1000
8 28, 1832	that I last saw h live on 2 20 , 193)
(Month) (Day) (Year)	- 1
If LESS tha	The CAUSE OF DEATH * was as follows:
74 yrs. 2 mos. 23ds. or min.	? I'm excess or barrir was as removed
OCCUPATION	ansin Section
(a) Trade, profession or particular kind of work	
(b) General nature of industry	VI .
business, or establishment in which employed or (employer)	(Duration)yrs,mos/d
BIRTHPLACE 17 11: 0 00 1	Contributory Secondary
(State or country) Dal Umore Co Ma	(Duration)mos
10 NAME OF / / B	(Signed) T. Clyd M. I
FATHER John Oderher	- 21 1930 (Address) Buley to
OF FATHER 13 07' On Mal	
Z (State or country) Walkmore W MA	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER OT MOTHER OF MOTHER OT MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OT MOTHER OF MOTHER OT MOT	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER Mad Gon h State	At place In the of death yrsds. State yrsmosds.
(State or Country)	Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) Mrs Sewis Templeton Barke	usual residence
B. h. t. Mal	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Thekeyelown (M)	My What predency My 1 1 20, 1936
15 Filed Vrs 21 193 V 7 Clark 1 Culture	20 UNDERTAKER ADDRESS
Registrar	Some L Carry Prederich My
16 Landa and address State Registr	ar, 16 W. Saratoga St., Balto. Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salcsman. For persons who have no occupation (b) If the occupation has been changed Automobile factory. The material -Coal mine, etc. (b) Grocery; Wom-

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal Typhoid fover (never report "Typhoid Pneumonia"); to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dispneumonia, Bronchopneumonia ("Pneumonia,

> approved by Committee on Nomenclature "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease American Medical Association.) tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcomu, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart disease; nephrilis, etc. The contributory Always qualify all

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed It ithis certificate is looked over thoroughly and all questions

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tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, nature of the husiness or industry, and therefore an er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spiner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material Physician, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servent, Cook, ployed, as Al school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enwhatever, write None. Housemuid, etc. If the occupation has been changed For many occupations a single word or term on Farm laborer, Laborer—Coal mine, etc. Wom-home, who are engaged in the duties of the without more precise specification as Day Compositor, Architect, Locomolive engineer, The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrosynual fever* (the only definite synonym is *Epidemic cerebrosyninal meningitis"; *Diphtheria (avoid use of *Croup"); Typhoid fever* (never report "Typhoid Pneumonia"; *Lobar pneumonia, Brouchopneumonia* ("Pneumonia, "Pneumonia, "Pneum

stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perdonaeum, etc., Carcinoma, Sarcoma, unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "Puerperal peritondis," elc. "(Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing (secondary can be ascertained as the cause. Always qualify all "Uraemia, ""Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-(Recommendations on statement of cause of death carbolic acid-probably suicids. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, approved by Committee on Nomenelature as fracture of skull, and consequences (e. g., sepses, Examples: Accidental drowning; Struck by railway train-American Medical Association.) (name origia; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), cough; or intercurrent) Chronic etc. affection valeular heart discuse; The contributory " "Convulsions, nced not be etc., of

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V. S. No. 1

1 PLACE OF DEATH County Treduck	09211 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City M. Cerry, = (No	St.: Ward) St.: Ward) St.: Ward) Anospital or institution, give its NAME in a hospital of a hospital or institution, give its NAME in atend of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED. / MUDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1929 192 to Aug 25 , 1926, that I last saw held alive on Aug 25 , 19240,
7 AGE If LESS than day hrs. day hrs. or min.?	and that death occurred on the date stated above, atm The CAUSE OF DEATH * was as follows Bladder
(a) Irade, profession of particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Hydronefohrosio y Uremia
10 NAME OF FATHER Jan. Al. Marnow, 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER DAY, B. BANGK', J.	(Signed). (Address) Mt Aug M. D *State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country) Maryland	ients or Recent Residents) At place In the of deathyrsmosds
(Informant) Mrs. Chas, a. Agle, (Address) MS. Carry Ind.	Where was disease contracted, if not at place of dea.h? Former or usual residence 19 CACE OF BURIAL OR REMOVAL DATE OF BURIAL ZO UNVERTAKER ADDRESS
Filed Cu y 16, 192 38 Yr M. 74 Toffay Registras	6. M. Statt, Windfield Md.

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more recurred mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Physician, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed For many occupations a single word or term on Compositor, Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epilamic cerebrospinal meningitis"); Diphtheria (avoid us choromoria); Typhoid fever (never report "Typhoid Pheumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. For violent deaths state means of injuny American Medical Association.) Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid Chronic valvular heart etc. The contributory Nomenclature of the need not be disease;

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Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Corebrowpinal* ferer* (the only definite synonym is "Epidemic eerebros inal meningitis"); *Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); *Lobar pneumonia, Broachopneumonia ("Pneumonia,")

> "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinona, Sarcona, etc., of (name origin; "Caneer" is less definite; avoid stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage "PUERPERAL septicaemia," "PUERPERAL peritonitis," o "Exhaustion, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (seeondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mensles; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS state MEANS OF INJURY Whooping approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-(Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse, Never report mere symptoms or terminal condicough; 'Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic " "Coma," "Convulsions, ete. valvular heart Nomenclature The contributory discuse; not be

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CORD INE, WITH UNFADING INK--THIS IS A PERMANENT

W.S. No. 1
WRITE

PLACE OF DEATH	01618 STATE OF MARYLAND
County flattuces	CERTIFICATE OF DEATH Registration Dist No.
Village or City (No. Rand	St.: Ward) (If death occurred a hospit if or institution, give its NAME i stead of street ar number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male while SSINGLE, MARRIED, WIDOWED (Write the word)	16 DATE OF DEATH 196 9 9 19236 (Mouth) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1923/. to 1923
	and that death occurred on the date stated above, at 7. 10 pm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	and the second s
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs, mos d
9 BIRTHPLACE (State or country) Ningure	Secondary (Duration) yrs, yrs, d
10 NAME OF FATHER Paul Styll Bampane	(Signed) M. [
U 11 BIRTHPLAGE OF FATHER (State or country) U 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Chysleth Meulan	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents)
OF MOTHER (State or country)	At place of death yrs. mos. ds. In the State yrs. mos. d
(Informant) (Informant)	Where was disease contracted, if not at place of dea h? Former or usual residence
(Address) Deels, med	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed F 192 Registrar	20 UNDERTAKER ADDRESS
If more banks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthloborer, Spinner, (b) Cotton mill; (a) Salesmon. should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from Civil engineer, Stationary freman, etc. But in many business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook work, or Al Home, and children, not gainfully employed, as At school, or Al home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager." "Deal-Physician, Compositor, Architect, Locomolive engineer whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enr." etc., Foreman, For many occupations a Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia Laborer-Coul mine, etc. Womsingle word or term on (b) Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Spinal meningitis"); Diphtheria avoid use of "Croup"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic ocid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaentia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Chronic valvular heart discase, Example: Measles (disease etc. The Nomenclature contributory

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give Its NAME Is street and steed of number.) PERSONAL AND STATISTICAL MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH MARRIED/Ma WIDOWED. OR DIVORCED Write the word) (Year) If LESS than 7 AGE (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country 10 NAME OF OF FATHER (State or country 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS (Informant

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. state occupation at beginning of illness. If retired from business: that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, g: ged in domestic service for wages, as Servant, Cook bired 6 yrs). For persons who have no occupation household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, Spinner, should be used only when needed. As examples: (a) cupation is very important, so that the relative health-Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, For many occupations, a Farm loborer, Laborer-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile foctory. The material without more precise specification as Day Stationary fireman, etc. But in many single word or term on -Coal mine, etc. Womnot gainfully em-

Statemacht of Cause of Death—Name, first, the Distance of Death (the primary affection with respect to time bid causation), using always the same accepted term for the same disease. Examples: Cerebrospinal Acer (the only definite synonym is "Epidemic cerebros; inal maningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tclanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely s; mptomcausing death), 29 ds.; Bronchopneumonia (secondary) inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Never report mere symptoms or terminal condi interstitial nephritis, (name origin; "Cancer" is less definite; avoid Chronic valvular heart disease, affection need not be etc. The contributory Mcasles ;

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Exact

PLACE OF DEATH	01619 STATE OF MARYLAND
County Tre devices	CERTIFICATE OF DEATH Registration Dist. No. 3 =
Village City Monterne Hoospital	St.: Ward) (If death occurred in a hospital or institution, give its NAME instend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH.
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED. Manied OR DIVORCED (Write the word)	16 DATE OF DEATH 30 1930 (Month) (Day) (Year)
Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 193 to Jel 2 , 193 Q, that I last saw he Malive on Jel 2 , 193 Q,
7 AGE 54 yrs. 6 mos. 26 ds. or min.?	and that death occurred on the date stated above, at 2,15 m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration)
 10 NAME OF Samuel Barrick	(Signed) 2 Othornas M. D. Fabre 14 1923 (Address) Frederick, Mid
OF FATHER (State or country) 12 Maiden Name (Country)	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Cara Slover 13 BIRTHPLACE OF MOTHER (State or Country) Waruland	18 LUNGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death 19 yrs mos. 2 ds. In the State yrs mos ds. Where was disease contracted,
(Informant) James . A. Jones June	Former or usual residence
(Address) Monterne Hospital	20 UNDERTAKER DELLE OF BURIAL OF REMOVAL 20 UNDERTAKER ADDRESS
Filed S. Febry 130 JM. Course Registral Registral	Pevell & Slaugh Woodsbord or, 16 W. Saratoga St., Batto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Colton mill; (a) Salesman. (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Flanter, tion applies to e.ch and every person, irrespective ch fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, r," etc., For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Locomolive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebraphial feler (the enly definite synonym is "Epidemia cerebras, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia");

carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "E haustion," "Heart failure," "Inemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-(secondar) or intercurrent) affection need not be st.ted unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

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PERMANENT BINDING K FOR RESERVED

PLACE OF DEATH County Frederick

Within the Copporate Course.

If more blanks are needed, addre. s Ltate Registrar, 16 W. Saratoga St., Balto., Lequesting V. S. I.o. 1.

10373

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration	Dist. No.	3.1
Cit	ty Hospital St: Ward	tion, give	occurred in or institu- its NAME is - street and
	MEDICAL CERTIFICATE	OF DEATH	
	16 DATE OF DEATH Sept. 27t	1.,	30 192
	(Month)	(Day)	(Year)
1	17 I HEREBY CERTIFY, That 1 at Sept 30. to Sept		
ar)	that I last saw h elt. alive on Seft	26th	, 192.34
than hrs.	and that death occurred on the date state The CAUSE OF DEATH * was as follows:		Am.
nin.?	Julislinal pe	foral	leder
	7		000000000000000000000000000000000000000
	(Duration)	vis	mos 24 lugs
	Contributory Secondary		
	(Signed) (Duration)	ley;	ds. M. D.
		ierld,	
	*State the liscase Causing Deatl Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	n, or, in de Injury and (2	eaths from 2) Whether
	ionts or Recent Residents)	1.1	tions, Trans
	of deathyis	ate Ovi	Cmosds
	Where was disease contracted, if not at place of dea h? Former or usual residence		
	19 PLACE OF BURIAL OR REMOVAL	Sept. 2	
1	Mt. Clivet Cem., Frederick 20 UNDERTAKER M. R. Etchison & Son	ADDRESS	ick, Md

(No.Frederick Village or City Frederick 2FULL NAME Mrs. ELLA JOHNSON BASI PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 4 COLOR OR RACE 3 SEX MARRIED, Married WIDOWED female white OR DIVORCED (Write the word) 6 DATE OF BIRTH 87 October 2nd. (Day) (Ye (Month) IFLESS 7 AGE 25 11 58 1 day mos. 8 OCCUPATION (a) I rade, profession or Housewife particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE Maryland (State or country) 10 NAME OF FATHER James D. Cockrell. 11 BIRTHPLACE ENTS OF FATHER Va. (State or country) 12 MAILEN NAME 01 OF MOTHER Amanda Richardson. 4 13 BIRTHPLACE OF MOTHER Va. (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Nettie Cecil,

(Address)

Frederick, Md.

MARGIN

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, tion applies to e-ch and every person, irrespective of business, that fact may be indicated thus; Farmer (nelaborer, first line will be sufficient, e. g.. Farmer or Planter, Foreman, (b) Automobile factory. The material to know (a) the kind of work and also (b) the For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Dinhiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia");

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.:haustion," "Heart failure," "Haemorrhage," st_ted unless important. Example: Measles (disease approved by carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traincausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.Y cough; Committee on Nomenclature of the Chronic valvular heart disease; etc. The contributory Always qualify all not be

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Inphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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PLACE OF DEATH

Frederica

STATE OF MARYLAND CERTIFICATE OF DEATH

	CERTIFICATE OF BEATTI
1067	Registration Dist. No. 3
WOT.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
9 121	mumber.)
LARS	MEDICAL CERTIFICATE OF DEATH
hida	16 DATE OF DEATH MAY 1915
7	(Month) (Day) (Year)
4	I HEREBY CERTIFY, That I attended the deceased from
, 1/4 (Year)	that I last saw h he alive on May 19. 1923
If LESS than	and that death occurred on the date stated above, at 8. 3. am.
1 day hrs.	The CAUSE OF DEATH * was as follows:
or min.?	Gorlie Insufferment
•••••	
	(Duration) Zyrs, mos ds.
	Contributory Separation from waterly to so
	(Duration) yrs. 3ds.
2 1	(Signed) Chacer J. Lovelle M. D.
in	5719 120 (Address) Fredrick md
a	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
1	
a	
DGE	Where was disease contracted, if not at place of dea.h?

usual residence

W. Saratoga St., Balto., Requesting V. S. No. 1. peded, addres Ltate Registrar, 16 If more banks are

Registra

No. Ø

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from tired 6 yrs). whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery. (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (o) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stotionary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it Physician, Compositor, Architect, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocetc., report specifically the occupations of persons enor At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Locomolive engineer,

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V. S. No. 1

		County Frederick	05527 STATE OF MARYLAND CERTIFICATE OF DEATH
ricate.	Vil	Mage or City State Sangerorum	Registration Dist. No. 175
	4	2FULL NAME Salvatore K	3 attaglia stead of street and number.)
1.00	5	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack or	35	sex 4 color or race 5 single, Married, Wildowson or Divorced (Write the word)	16 DATE OF DEATH 7., 19\$3.0 (Month) (Day) (Year)
no suc	6 [DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Oppul 13 19230 to May 7, 1923 C
101	7 4	If LESS than	and that death occurred on the date stated above, at 4:45P.m.
Str		42 yrs. 3 mos. 7 ds. or min.?	The CAUSE OF DEATH * was as follows:
tant. See Ins	bro (a) Trade, profession or Builder	Pulmonary Tuberculoses
	() * b	b) General nature of industry cusiness, or establishment in which employed or (employer)	(Durstion) yrs. mos ds.
oduu	9 E	(State or country) I taly	Contributory Secondary (Poration) J. yrs., mos. ds.
Very		FATHER It incet Battaglia	(Signed) Dewart D. Maffer M. D.
<u>ග</u>	TE	11 BIRTHPLACE OF FATHER	*State the Disease Causing Death, or, in deaths from Violent Causes, stats (1) Means of Injury and (2) Whether
0	REA	(State or country) & COLY .	Accidental, Suicidal or Homicidal.
X X	PA	OF MOTHER Frances Musica	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
atement or occu		13 BIRTHPLACE OF MOTHER	At place of deathyrsmos2ds. In the Stateyrsmosds.
	14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, in hot at place of dea.h?
		(Informant) W. G. Gardner	Former or 3730 Belle ave Balto. md.
		(Address) State Say atour md	Baltinore Md. Date of BURIAL unknown, 19
9	15	Filed 77 H 192 Registra	20 UNDERTAKER ADDRESS MO M.L. Clagle Thurmont
	=	If more b.anks are needed, addre.s Ltate Kegistrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fremon, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocer," etc., state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed laborer, Foreman, (b) For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Form laborer, Loborer-Coal mine, etc. (b) Cotton mill; (a) Solesmon. without more precise specification as Doy For persons who have no occupation Automobile foctory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopmeumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Meusles; tetanus) may be stated under the head of "contributory." carbolic ocid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, etc. unqualified, is indefinite); Tuberculosis of lungs, menapproved by as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by roilway troin-State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of death FOR VIOLENT DEATHS state MEANS OF INJULY cough; Committee on Chronic volvular heart Nomenclature of the The contributory disease;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must he obtained before the certificate is permanently filed.

V. S. No.

PLACE OF DEATH	05528 STATE OF MARYLAND
County etre derick	CERTIFICATE OF DEATH
Att & Toring	Md Registration Dist. No. 139
Village or City of all Languet C.	Battista (if death occurred in a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH May 13, 19130 (Month) (Day) (Year)
6 DATE OF BIRTH SUM (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from March 24 19,30 to May 13,0 that I last saw h Malive on May 12, 199.3,0
7 AGE 18 yrs. 7 mos. 25 ds. ormin.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work a sucal driver (b) General nature of industry business, or establishment in	(Duration) yrs, mos, ds.
which employed or (employer)	Contributory Secondary (Durstion) from des. (Signed) Starffer M. D.
OF FATHER (State or country) 12 MAIDEN NAME () 12 MAIDEN NAME () 13 MAIDEN NAME () 14 MAIDEN NAME ()	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Chrabelh Gendice 13 BIRTHPLACE OF MOTHER (State or Country) I taly	In LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrslmos
(Informant) W-a. Gardner	Former or usual residence 2728 E. Chare St. Bulto Md
(Address) State Say atorism md 15 Filed \$\frac{13\beta_1}{3\beta_2}\$ 192 \tag{Registra}	Baltimore Md. mbnover 19 address 20 UNDERTAKER Creager Thurmont md
If more blanks are needed, address ttate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, tion applies to e.ch and every person, irrespective ci whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer—Coal mine, etc. Wom-For persons who have no occupation Locomotive engineer, As examples: (a) (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Dinhlheria (avoid use of "Croup"); s, inal meningitis"); Dinhlheria (avoid use of "Croup"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia");

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be American Medical Association.) (Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU. Example: Measles (disease

If this certificate is looked over thoroughly and all questions answered in termit we will present further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. A L. HANG

RECEIVED

PLACE OF DEATH /	STATE OF MARYLAND
County Frederick	OT620 CERTIFICATE OF DEATH
County	134
near 1	Registration Dist. No.
Village or City / Teswelle (No.	St: Ward) (If death occurred in
1 9 Duo	tion, give its NAME in a
leadar House	stead of street and number.)
² FULL NAME July Prince	The state of the s
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
m in widowed well	192 20
(Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 O I HEREBY CERTIFY, That I attended the deceased from
21 .62	Jan 3/ 1930 to feb 2 , 192 0
(Month) (Day) (Year)	that I last saw handive on Jet 2, 1934,
	11.
7 AGE III LESS than	and that death occurred on the date stated above, atm.
vrs. C mos. 2 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	A Contract
(a) Trade, profession or	valuonary accessor
particular kind of work	
(b) General nature of industry	2
which employed or (employer)	(Duration)ds,
9 BIRTHPLACE	Contributory
(State or country)	(Durstion) Yrsmosds.
1 10 NAME OF	Walnu Add Allen
FATHER I & Baume a dur	(Signed)
11 BIRTAVLACE	ful 5 1950 (Address) Clow 1100
Constant Control of the Control of t	*State the Diseaso Causing Death, or, in deaths from
ш —	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER 1 Y & P & M.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
a runce & room	ienta or Recent Residents)
13 BIRTHPLACE	At place of deathyrsmosds. In the Stateyrsmosds.
(State or Country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
18 Ba - a dever	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Addam) Tameflow this	15 00 7.10 7.03 3
(Address)	20 HADDREAKER ADDRESS
15 Filed Fely 3 1930 the F. Shaff	20 UNDERTAKER ADDRESS
Zrea (Registrai	W. J. Shiff y. Gruntabury
If more blanks are needed, address tate Kegistra	r, 16 W. Saratoga St., Balto. Acquesting V. S. No. 1. ull

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective ch cupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, er," etc., Spinner, (b) Colton mill; (a) Salesman. nature of the business or industry, and therefore an Civil engineer, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Compositor, Architect, Stationary fireman, etc. But in many Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebross. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all approved by Committee on Nomenclature of the carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway trainas fracture of skull, and consequences (e. g., sepsis, American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.: Y or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory

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1	A	
(THE) ;
1	-	
	1	

PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE OR DIVORCED 6 DATE OF BIRTH struction (Month) (Day) (Year) 7 AGE Ilf LESS than I day hrs. or min.? OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME O FNE (State or country 12 MAIDEN NA OF MOTHER

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospit if or institu-Ward) tion, give its NAME i. . stend of street and number.) MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH That I attended the deceased from and that death occurred on the date Contributory Secondary (Signed) Discuse Causing Death, or, in Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal, 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the At place of death yrs......ds. State yrs mos Where was disease contracted, if not at place of dea h? Former or usual residence

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise and mine, etc. Wom-laborer, Form laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesfulness of various pursuits can be known. whatever, write None. business, that fact may be indicated thus; Former fre or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on (b) Automobile factory. The material (b) The ques-Grocery;

Statement of Cause of Death—Name, first, the pre-East Causing Death (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebral fever (the only definite synonym is "Epidemic cerebral spinal meningitis"); Diphtheria avoid use of "Croup" of Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia");

> use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of telunus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases can be ascertained as the cause. "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, etc. Whooping "Atrophy," "Collapse," "Coma," peritonoeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as cough; "Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronicvaleudar heart Always qualify all The contributory ," "Convulsions, discuse;

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

			14959
01	SI-	PLACE OF DEATH WITHIN the Corporate	STATE OF MARYLAND
1	PHY Ex	County Frederick	CERTIFICATE OF DEATH
103	, 60 ×	7	Registration Dist. No. 18/
CORD	EXACTL' rly classifi tificate.	Village or City treduck (No. Cec 2FULL NAME Grayon Be	GHospital St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of atreet and number.)
17	stated E properly of certific	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MANEN	be ck	make This SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH OLD 30 , 1930 (Month) (Day) (Year)
BINE	E sh at it	6 DATE OF BIRTH Nov. 1927	that I last saw have alive on QC 30 , 193 0
FOR IS	ace	7 AGE (Month) (Day) (Year) dayhrs.	and that death occurred on the date stated above, at 2PM m. The CAUSE OF DEATH * was as follows:
RVED	suppli terms See ins	mos. ds. or min.? a occupation (a) Trade, profession or	Broncho - Premorie
SE	ully plain	particular kind of work (b) General nature of industry	
R. S.	In In	business, or establishment in which employed or (employer)	Duration) gyrs. mas. ds.
KGIN FADI	be ca EATH Impo	9 BIRTHPLACE (State or country) Treducing to red	Contributory Secondary Sugaron yrs. mos. ds.
MAR	000	10 NAME OF FATHER Fresh & Beall	(Signed) Woxeas M.D. (Address) Frederick well.
TIM	CAUSE	OF FATHER (State or country) Park Wills hul.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
0	informatic state CoccupAT	12 MAIDEN NAME Soris Davis 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
0	4-00	OF MOTHER (State or country) OF MOTHER (State or country)	At place of death yis mos. ds. In the State mos ds.
WRITE	shoul	(Informant) Trul, R Beall	if not at place of death? Former or usual residence. New Market 1 mg
×	Every III	(Address) New market his	Mobars Md Jury 2, 1930
- CT	1. O 0	Filed 2. January 1921 Doal McCauly Registray	6.8. Clin Hon Trederick
: /	12.	If more bianks are needed, addross State Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a should be used only when needed. As examples: (a) tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health en at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman. (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from guged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, House-Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Mever return" Jaborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. Foreman, to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). For persons who have no occupation Farm luborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The ma teria l Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosping fever (the only definite synonym is "Epidemic cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," inges, peritonacum, etc., Curcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; "Exhaustion, stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suncide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all Whooping approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage cough; or intercurrent) affection need Chronic etc. The contributory valvular heart. discuse ; not be

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reau

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a heapit I or institutich, give its NAME i. stead of street and number.) MEDICAL CERTIFICATE OF DEATH(Day) I HEREBY CERTIFY, That I attended the degeased and that death occurred on the date stated above, at

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-In the

.....yrs.......ds.

DATE OF

BURIAL

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Groccry; (a) Foreman, (b) Automobile Jactory. The material fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation -- Precise statement of ocployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enwork, or household only (not paid Housekeepers who receive a Housemaid, etc. Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-1988). Farm luborer, At Home, and children, not gainfully em-For persons who have no occupation If the occupation has been changed Laborer-Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DIS-EASH CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pond fever (the only definite synonym is "Epidemic cerebros stinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. accident; Revolver wound of head-honicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, American Medical Association.) Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valendar heart The nature of the injury, etc. The contributory not be

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No. 1

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Filed/

PLACE OF DEATH

06682

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. /

St.	Ward)	(If death a hospital tion, give i stead of	or ins	titu- E iı -
		number.)		

-	
	MEDICAL CERTIFICATE OF DEATH
-	16 DATE OF DEATH June 220 1900
	(Month) (Day) (Year)
	May 29 1930. to June 20, 1930
	that I lost saw h walive on June 2 d, 1950
n	and that death occurred on the date stated above, at
3.	The CAUSE OF DEATH * was as follows:
5	Chronic Replintes
2	(Duration) Z yrs, J mos. U ds,
	Cerebral Hemorrhagain, O yes o mos 4 ds.
-	(Signed) Otis B. Slone M. D.
-	June 3 1930 (Address) diberty town
(*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
-	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	At place in the of death yrs
-	Where was disease contracted, if not at place of dea.h?
	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	June Jewely Jene 5, 30
-	Pourlbralbasse L'albasse L'albasse toion
ır	16 W. Saratora St., Balto., Requesting V. S. No. 1.

Registrar

If LESS tha

I day hrs



(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emfulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken additional line is provided for the latter statement; it Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. mner, (b) Cotton mill; (a) Salesman, (b) Grocery;
Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY intercurrent) Chronic ," "Coma," "Convulsions, etc. The contributory affection need not be valvular heart disease; " Shock,"

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	14960 STATE OF MARYLAND
County Frederics	CERTIFICATE OF DEATH
near /1/ 1.1	Registration Dist. No.
Village or City Woods (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME GLORGE Willey	St.: Ward) a hospital or institu- tion, give its NAME In- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Sec. 19 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
July 13 1864	192 to 192 ,
(Month) (Day) ' (Year)	that I last saw h Jalive on or arrival 192,
7 AGE / If LESS than I dayhrs.	and that death occurred on the date stated above, at
6 6 yrs. 5 mos. eds. or min.?	
(a) Trade, profession or particular kind of work	Chronic Mys cardelie
(b) General nature of industry	5-
business, or establishment in which employed or (employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country) Murleur.	Contributor Care Contributor Scondary (Duration)
10 NAME OF Solomon Keeney	(Signed / Gulaced RD eller M. D. Dec. / 9 1923) (Address) Delows me
OF FATHER (State or country) Market	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Super E Beard	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Murylend	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
milia Brind	Former or usual residence
(Informant) // Www Frank (Address) Woodsloro and,	Por her Hill Date OF BURIAL
15 Filed 12/2/ 1920 26 Parelle Registras	Powall & Albanga Woodsloro
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, etc., Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, without more precise specification as (b) Automobile factory. The material Laborer--Coal mine, etc. Wom-Locomotive engineer, (b) Grocery; Day

Strtement of Cause of Death—Name, first, the Disease: \(\circ\) USING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrossimal meningitis"; Diphilheria (avoid use of "Croup"); Typhoid fever inever report "Typhoid Pneumonia"); Lobar: pneumonia, Bronchopneumonia ("Pneumonia,")

"(Iraemia," "Weakness," etc., when a definite disease inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, as fracture of skull, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary Chronic interstitial nephritis, Whooping cough; use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be for malignant neoplasms); Measles; Chronic valvular heart and consequences (e.g., sepsis, Example: Measles (disease etc. The contributory disease;

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HYSI- Exact	PLACE OF DEATH County reduced within the Corpo	12415 STATE OF MARYLAND CERTIFICATE OF DEATH
4 .		Registration Dist. No. 13/=
CORD EXACTLY y classific	Village or City Trederick (No. #25-8 hu	Beekley Ward) (If death occurred is a hospital or institution, give its NAME is stead of street an number.)
ated	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NENT Be st ok of	Female While Single, Widowed. OR DIVORCED (Write the word)	16 DATE OF DEATH, 192
BIND PERM shoul t It ma	6 DATE OF BIRTH OCK 10, 1856	that I last saw h alive on 192, 192
IS IS A ed. ACE as that struction	(Month) (Day) (Year) 7 AGE If LESS than I day hrs. day hrs. day or min.	and that death occurred on the date stated above, at
NKTHIS y supplied ain terms	8 OCCUPATION (a) Trade, profession or Ratical particular kind of work	Kearx Block-
IN RES DING IN carefull TH In plant	(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondaly
MARGIN UNFAL ould be o	(State or country) Trederick Red. 10 NAME OF Salval Backs.	(Signed) To Manage M. I
WITH ion sho	UN THE OF FATHER (State or country) (State or country)	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
INLY, format tate C	12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE A 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE A	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the C 1 4,
o to o	OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
WRITI ry item NS sh	(Address) Frederick Jud	19 place of Burial or REMOVAL DATE OF BURIAL Ohus lemeter Ox2/ 1938
BEvery Cran state	15 Filed 20 - October 20 Dia McKurly:	20 UNDERTAKER 6 Elline Hon Frederice
ż	If more banks are newded, addre.s Ltate K gistra	r, 16 W. Saratoga St., Balto., Requesting N. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Colton mill; (a) Solesman. (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Paysician, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary, may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, loborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Civil engineer, Stotionary froman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. or At Home, and children, For many occupations a single word or term on Farm laborer, Laboreryrs). without more precise specification as Doy Compositor, Architect, Locomotive engineer, who are engaged in the duties of the For persons who have no occupation If the occupation has been changed -Cool mine, etc. not gainfully em-Wom-

Streement of Cause of Death—Name, first, the Dis-EA.: OUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerotrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlloria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> stated unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); Measles tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicoemia," "PUERPERAL perdonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "E:haustion, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railwoy train-American Medical Association.) Never report mere symptoms or terminal condiperitonacum, etc., Carcinoma, Sorcoma, etc., of ... (name origin; "Cancer" is less definite; avoid interstitial nephritis, FOR VIOLENT DEATHS State MEANS OF INJULY cough; ,, Committee on "Heart failure," "IIaemorrhage," Chronic valvular heart disease; The n ture of the injury, etc. The contributory Nomenclature not be

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6 1

PLACE OF DEATH,	STATE OF MARYLAND
County of record	CERTIFICATE OF DEATH
	(31) Registration Dist. No. 139
will a state & and A lane	Ward) (If death occurred in
Village or City Jul 1000 Wolf Win	St: Ward) a hospital or institu- tion, give its NAME is
2FULL NAME JOSUPSIN &	arl Blechner stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH May 4, 1933. (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Dec 8, 1901	0 Ct 28 192 9. to May 4, 192 3,
(Month) (Day) (Year)	that I last saw h Malive on My 1980,
7 AGE If LESS than	and that death occurred on the date stated above, at
9 8 mg 4 mg 26 da ay mia 3	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?	P. Paragaria I have horse
(a) Trade, profession or	Jugmoray Jugacor
particular kind of work (b) General nature of industry	
business, or establishment in	(Duration)yrsmosds.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary (Dufation) & A. yrs
1 10 NAME OF 1	Alasker
FATHER Yeo. G. Belchner	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
o 11 BIRTHPLACE	May 4 19230 (Address) Lule Janabourn me
OF FATHER (State or country) Wary and.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Ella Mc Carthy	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Truns-
13 BIRTHPLACE	ients or Recent Residents) At place In the 28 4 26,
OF MOTHER (State or Country) Montan Land.	of deathyrsds. Stateyrsds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, MRNOWN it not at place of dea h?
(Informant) In a. G ardner	Former or usual residence 3/6 Morling ave. Ball. Ma
(Informant) The Hand	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address lale Jangfrum MC).	Ballmore Ind. morrowall
15 Filed 5 6 3 192	20 UNDERTAKER ADDRESS MO
Registral	M.L. Creager Hummont
If more b.anks are needed, addre.s Ltate Kegistra	r, 16 W. Saratoga St., Balto., Kequesting V. S. No. 1.

ż

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation additional line is provided for the latter statement; it should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tion applies to e.ch and every cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealfirst line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on person, irrespective cf Locomotive engineer,

s: inal meningitis"); Diphtheria (avoid use of "Croup"); Lobar "pneumonia, Bronchopneumonia ("Pneumonia Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroed term for the same dise.se. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-

> telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Noneiklature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state Means of Injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid Chronic valvular heart etc. The contributory not be disease;

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V. S. No. 1

PLACE OF DEATH County Le Scrick	O1621 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Gunitshing (No.	Registration Dist. No. 34
Village or City Grantsking (No. 2FULL NAME Grant E.	St.: Ward) A hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 9 bruory 4, 1920 (Month) (Day) (Year)
6 DATE OF BIRTH . aug 3, 186	Let 1 Jely 3 1920 to beg 4 1920
(Modth) (Day) (Year	oan and that death occurred on the date stated above, at 11-45 Pm.
63 yrs. 6 mos. / ds. or mi	
8 OCCUPATION (a) Trade, profession or Laborer particular kind of work	Cerebral Kaenontage
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)
9 BIRTHPLACE (State or country) Warnloud	Contributory Secondary (Duration) vis 6 mos de
10 NAME OF John Jun. Beec	(Sperfel) / Brooke & famison M.D. D. D. D. D. D. (Address) Commitsburg ma.
OF FATHER Z (State or country) way loud	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Scaled in Clair	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Currylvour	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h? Former or usual residence
(Address) Lumitaling red	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Fely 7, 19 30
Filed Freb 6 , 19230 M. F. Shirt	20 UNDERTAKER ADDRESS
If more banks are needed, addre.s tate Negis	trar, 16 W. Saratoga St., Balto., Requisiting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

whatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemoid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (0) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesmon, additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stotionary firemon, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to e.ch and every person, irrespective of fulness of various pursuits can be known. The quoscupation is very important, so that the relative health-Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Doy For persons who have no occupation (b) Automobile foctory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhcid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease st_ted unless important. Example: Measles (disease (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Examples: Accidental drowning; Struck by railwoy traindiseases (secondary or intercurrent) affection need not be Chronic interstilial nephritis, etc. The contributory Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as Chronic valvular heart diseose; Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

No. 1 002

PLACE OF DEATH	STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH
County	/2/
2	Registration Dist, No. / 0/
Village or City Frederick (No. 157 W.	All Sauts St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
Tage of City	a hospital or institu-
2FULL NAME Susan To B	stend of street and number.)
2FULL NAME STUDIES	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
MARRIED, Widowed OR DIVORCED	June 8 , 1930
Temale Colored (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	1928 to June 7th , 1920,
, 1845	1 000 30
(Month) (Day) (Year)	that I last saw har alive on 1920,
7 AGE If LESS than	and that death occurred on the date stated above, at 7-457m.
I day hrs.	The CAUSE OF DEATH * was as follows:
83 yrs. mos. ds. or min.?	
8 OCCUPATION MP	Cardiac Valvula Resease
(a) Trade, profession or Hoome	7
(b) General nature of industry	000000000000000000000000000000000000000
business, or establishment in	(Durstion) yrsds.
Which employed or (employer)	Contributory arterio Selavosio
9 BIRTHPLACE (State or country)	Secondary
Maryland	Duration) yrsds,
10 NAME OF OR	(Signed) Il Gourne M. D.
FATHER Herry Skinner	Wight Williams
() 11 BIRTHPLACE	6-10-1920 (Address) Treduced m
- OF FATHER	*State the l'iscase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether
Z (State or country) 10 avyland	Accidental, Suicidal or Homicidal.
of MOTHER of mat frage	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Truns-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER	At place of deathmosds. In the Stateds.
(State or Country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(D) . 0D	Former or usual residence 12 / 2011 St. Allel
(Informant) Charrie Bentley	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
NC 120 of 0 4 01	De la
(Address) 157. W. Stel Dainly St.	Fairview Com. June 11, 1936
15 Filed 15- June 1981, Sat belonde	20 UNDERTAKER ADDRESS
Filed 18- lune 1980 gaf lel Cuelly Registras	Thomas J. Roice Frederick
	V/VVIII
If more banks are needed, addre.s Ltare Registral	r, 16 W. Saratoga St., Balto., Kequesting V. S. No. 1.

06683

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman. nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective ci Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerebros. inal menin_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid approved by as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondar or intercurrent) affection need not be st.ted unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Committee on Nomenclature of the Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the duta is essential and must be obtained before the certificate is permanently filed.

Dr. Bourne

V & No. 1

PLACE OF DEATH County Fredericks	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist, No. /3
Village or City Louis (No	St: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Mopth) (Day) (Year)
6 DATE OF BIRTH 2 3 , 1930 (Menth) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from 1920. to 1920. that I last saw h 17 pairs on 1920.
7 AGE If LESS than I day / 0 hrs. ds. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	
which employed or (employer) BIRTHPLACE (State or country) Finderich Co.	Contributory Secondary
10 NAME OF STATHER SENTENCE S. Best	(Signed) (Address) ADAMSTOWN, MANNIER
OF FATHER (State or country) 12 MAIDEN NAME (12 MAIDEN NAME)	*State the Dis ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER fame Chyabeth Ded 13 BIRTHPLACE OF MOTHER (State or Country) Original	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the of death yrs
(Informant) HAMMAN BUSE	if not at place of dea h?
(Address) Filed July 24198 1 Tall / Julian	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL LULY ZU. 19 31 20 UNDERTAKER ADDRESS
Registra	7-/. J(W. Saratoga St., Balto., Kequesting V. S. No. 1.

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(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of occupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g.. Farmer or Planter. tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Dinhlheria (avoid use of "Croup"); synhoid fever (never report "Typhoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia");

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." State cause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "E:haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," Whooping cough; Chronic Chronic interstitial nephritis, approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death American Medical Association.) Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S No. 1

	PLACE OF DEATH. County Firedeouck	06684 STATE OF MARYLAND CERTIFICATE OF DEATH
	and the second control of the second control	Registration Dist. No. 13/
/	Village on City Frederick (No. 9 6	tion, give its NAME in
	2FULL NAME Helen E, TS.	elson steed or street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. Widowed OR DIVORCED (Write the word)	16 DATE OF DEATH June 9 , 1930 (Month) (Day) (Year)
	6 DATE OF BIRTH (Month) (Day) (Year)	that I last say h alive on 192, 192,
	7 AGE 7 O yrs. 7 mos. 27 ds. or min.?	and that death occurred on the date stated above, at 6-307m. The CAUSE OF DEATH * was as follows:
State of the last	(a) Trade, profession or particular kind of work (b) General nature of industry	There is the
D	business, or establishment in which employed or (employer)	Contributory (Duration)yrs,mosds,
2	9 BIRTHPLACE (State or country) England.	Secondary (Duration) yrs mos ds
	10 NAME OF FATHER George Coops	(Signed) M. D.
	of FATHER C (State or country Ongland	*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of Mother of mot know	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country) Onegland	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of deah? Former or usual residence. Q. Clutte.
	(Informant Hyred No. Maple (Address) 9. Contre St.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mot Olivet Lorn June 12 1930
0 .	15 Filed 12 - June 1920 Dra Julbude	20 UNDERTAKER ADDRESS Thomas P. Paice Frederick
	If more b.anks are needed, addre.s htate registran	r, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quoscupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective cl tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, Foreman, report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Locomolive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia");

> (secondary or intercurrent) affection need not be strated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "(E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Drcpsy," (E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, mentclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.X Chronic valvular heart disease; etc. The contributory Always qualify all

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Dr. Horages

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THE THIRD IN ADING INC. THIS IS A LEGMANE	Item of Information should be carefully supplied. ACE should be	IS should state CAUSE OF DEATH In plain terms so that it may be i
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V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Frederick	09214 CERTIFICATE OF DEATH
Village or City Old Fields (No.	(M3) Registration Dist. No. /37
Village or City Old Fillds (No	Porgers St.: Ward) (If death occurred is a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	
	MEDICAL CERTIFICATE OF DEATH
male Colored Single, MARRIED. Surgle WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Aug - 17 1 1930 (Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
May 17 1930	Muy -8 1920 to , 192 , 192
(Month) (Day) (Year)	that I jast sa h un alive on aug - 8 , 1980
7 AGE If LESS than	
O yrs. O ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION OLD	Dearthora & Enteritin
(a) Trade, profession or None	(Princeton broth - 7 mos)
(b) General nature of industry	(rimaien own - mor)
business, or establishment in which employed or (employer)	(Duration) yrs. mos 10 ds
A 2 4	Contributory Secondary
State or country)	Question) yes mos ds
10 NAME OF Vincent Bigges	(Signed) Ofis 78. Slove
U II BIRTHPLACE	Clig - 18 1920 (Address) Oubuly town
Z (State or country) Md.	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Myrto Bugges	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
1 1000	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Union Bridge md	Old Fields Cemelery any 20, 1, 30
Filed aug / 8 1920 The Ech feel Registrar	albaugh Powell Librity town
If more banks are needed, address State Registran	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) perilonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS STATE MEANS OF INJURY Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; Chronic etc. The contributory valvular heart not be disease;

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1PLACE OF DEATH	05530	STATE OF	MARYLAND
County Frederick	(18E-C)		E OF DEATH
within the Califo	reforming.	Registratio	n Dist. No. /3/
FULL NAME Philip Houry 6		L St. 3 Wa	,
PERSONAL AND STATISTICAL PARTICULARS	MEDIC	CAL CERTIFICATE	E OF DEATH
Hoale White Single, MARRIED, Widowal OR DIVORCED (Write the word)	16 DATE OF DEATH	May	10 , 1930 (Year)
(Month) (Day) (Year)		Y CERTIFY, That I	
AGE 85 yrs. 7 mos. 21 ds. or min.?	1/	TH * was as follows:	
(a) Trade, profession or particular kind of work (b) General nature of industry president	acridu	of Drull	to myring :
business, or establishment in which employed or (employer) Shutter Fastines 600		(Duration)	yra mos J
BIRTHPLACE (State or country) Manyland	Contributory Secondary	(Duration)	yrs
10 NAME OF FATHER Lolm Vim Bisely	(Signed 10)	hw time	M. M.
OF EATHER (State or country) Maryland	*State De I Violent Chies, s Accidental Suicidal	isease Causing I ear	th, or, in deaths from Injury and (2) Whether
of Mother Rosana Coamer	18 LINGTH OF RE		pitals, Institutions, Tran
13 BIRTHPLACE OF MOTHER (State or Country Moaryland			the other branch most of the control
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of des		by Street Strederical
(Address New Windson Mod	19 PLACE OF BURIA		DATE OF BURIAL
Filed 10 - www 192 Isothers	Mas Oliver 20 UNDERTAKER Thomas	T. Rice	May 10, 193. Address Frederick.
lf more b.anks are needed, addre.s : tate Negistral		Balto., Requesting V	7. S, (10. 1.

(Approved by U. S. Census and American Fublic Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Spinner, (b) Collon mill; (a) Salesman. should be used only when needed. As examples: (a) cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective cf Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons en-Never return "Laborer," "For man," "Nanager," "Deal-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease st_ted unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol American Medical Association.) approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be st.ted unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuny State cause for which surgical operation was under-Whooping cough; (Recommendations on statement of cause of death "Atrophy," "Collapse," "Com2," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; nephrilis, etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

or Mo"Curdy.

PLACE OF DEATH	
County Frederick	

04256

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 137
£ + 0	(If death occurred in
Village or City butteling (No.	St.: Ward) (If death occurred in a hospital or institu-
Ω Ω .	tion, give its NAME in-
2 FULL NAME Jones G. Bish	hop number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE,	16 DATE OF DEATH 4 -/7-, 1930
WIDOWED, arried	***************************************
Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	2-1 1927. to 4-17 , 19201
Sept 20, 1860	that I last saw herealive on 4-17 1930,
Month) (Day) (Year)	0 5
7 AGE If LESS than	
l day hrs.	
6 9 yrs. 6 mos. 2 ds. or min.?	arteriosclories ordinary
B OCCUPATION	Thyreactitis
(a) Trade, profession or Returned	Bronehestaris -
particular kind of work (b) General nature of industry	- Theresay
business, or establishment in	(Duration)yrs,mosds,
business, or establishment in which employed or (employer) Kural Wasel Parrier	2 - The autorio - 6 mo -
9 BIRTHPLACE	Secondary Pulmoning Hemorrage
(State or country)	(Duration) yrsintanteode
1 10 NAME OF	LATTE Calle MD
EATHER ()	(Signed)
John a resus	4-19 (Address) Lumbly Kg
OF FATHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
Z (State or country) lunghouses	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
C. 12 MAIDEN NAME	
of MOTHER The suda Slaughenhaust	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	
OF MOTHER 7111	At place of deathyrsmosds. Stateyrsmosds.
(State or Country)	3VII and diamen contracted
14 THE ABOVE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
17. 14 B.	Former or usual residence
(Informant) Mus. J. V. Mishay	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
tohus hud	0
(Address)	precioning -
15 0112 MEXV	20 UNDERTAKER ADDRESS
Filed Chall 191930 Mile Anny	-u. J. Sharpe J. Suntaling Wed
- foculty	4.0
If more branks are needed, address State Registra	r, 16 W. Saratoga St., Batto., Requesting V. S. No. 1.

V. S. No. 1

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of the first line will be sufficient, e. g., Farmer or Planter, Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Lug-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH whatever, write None. Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day Compositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonacum, etc., Carcinoma, Sareoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menstated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be Whooping diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease State cause for which surgical operation was underor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, approved by Committee on Nomenclature (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, earbolic acid-probably sucide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train— American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronie valvular heart disease; and consequences (e. g., sepsis, etc. The contributory

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N. B.

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PLACE OF DEATH County Frederick Within the	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Frederick (No. ,243	Registration Dist. No./ \
2 FULL NAME Infant Bishop	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX White White Single, MARRIED, Single WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year) I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH Office 9 930 (Month) (Day) (Year)	that I last saw haliva on
7 AGE If LESS than I dayhrsyrsmosds. ormin. ?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer). 9 BIRTHPLACE (State or country) Maryland 10 NAME OF ROY E. BISHOP 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME LOUISE M. BISHOP 13 BIRTHPLACE Phillipine Islands OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Of Dulloft Maryland (Address) Juliana Maryland (Address) Filed D. Pulloft Maryland Filed D. Office 1980 Draf Luclausiana Registrar	Contributory Secondary (Duration) (Duration) (Signed) (Signed) (State the Disease Causing Death, or, in deaths from Violent Causes, Iffate (1) Means of Injury: and (2) whether Accidental, Suicidul or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfents, or Recent Residents) At place In the of death yrs. mos. da. State, yrs. mos. da. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL BATE OF BURIAL Mt Clinet Current Residence In PLACE OF BURIAL OR REMOVAL INDURESS Where was disease contracted, if not at place of death? Tormer or usual residence. 19 PLACE OF BURIAL OR REMOVAL BATE OF BURIAL Mt Clinet Current Residence In PLACE OF BURIAL INDURESS Tellucity Means of Injury: and (2) whether Accidental, Institutions, Transferred Residence In the Complete Residence In the
If more blanks are needed, address State Registrer.	16 W. Saratoga St., Balto., Requestion V. S No. 1.

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthcases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an mary to know (a) the kind of work and also (b) the Civil engineer, Stationary fremen, etc. But ln many definite salury), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (t) Crocery; state occupation at beginning of illness. If retired from or given up on account of the disease causing DEATH, gaged in domestic service for wages, as Servent, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a laborer, Furm laborer, Laborer-Coal mine, etc. Won-:wed 8 yrs.). 1 : siness, that fact may be indicated thus: Farmer (re-Housemaid, etc. whatever, write None. Statement of Occupation-Precise statement of oc-For many occupations a single word or term on For persons who have no occupation If the occupation has been changed

Reacement of Cause of Death—Name, first, the bis rast causing death (the primary affection with respect, to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); spinal meningitis"); Diphiheria (avoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Nomenclature of the American Medical Association.) causing death), 29 ds.; Bronchopneumonia (secondstated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Caroinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberoulosts of lungs, mensymptomatic), "Atrophy," "Collapse," conditions, such as "Asthonia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustlen," "Heart failure," "Haemor-(secondary or intercurrent) affection need not be Whooping cough; ture of the injury, as fracture of skull, and conse-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or taken. For violent deaths state means of injunt State cause for which surgical operation was under "Purperal septicaemia," "Purperal peritonitis," etc. "Uraemia," "Weakness," etc., when a definite discase vulsious," ment of cause of death approved by Committee on head of "contributory." (Recommendations on statequences (e. g., sepsis, tetanus) may be stated under the Potsoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart disease; Example: Measles (discase "Coma,"

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8

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward)

(If death occurred in a hospital or institu-

NAME Maggie Ellen	tion, give its NAME in- stead of street and number.)
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
White the word)	16 DATE OF DEATH , 1930 , 1930 (Month) 7 (Day) 1930 (Year)
766 2 (Month) (Day) (Year)	that I last saw here alive on april 7 1930,
O yrs. 2 mos. 5 ds. or min.?	and that death occurred on the date stated above, at 100 mm. The CAUSE OF DEATH * was as follows:
ession or Housewife	Ovarian bysy
blishment in or (employer)	Contributory Oversan byst
Maryland Busers	Secondary Parage (Duration) yes mos 3 12000 (Signed) A. D. My June M. D.
ountry) Maryland	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Ellen Gelbert	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) At place In the
TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds. Where was disease contracted, if not at place of death?
I Leyer Black	Former or usual residence
a) Thurmout	UB centery Thursday 9 , 1930
r 9 19230 Anna M. Jones Registras	Willside & Corager Thurmout
If more branks are needed, address tate Kegistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery. (a) Foreman, (b) Automobile factory. The materia. Statement of Occupation-Precise statement of octired 6 state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborershould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housenwid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, For many occupations a single word or term on especially in industrial employments, it is necesyrs). without more precise specification as Day Compositor, For persons who have no occupation Stationary fireman, etc. But in many Architect, -Coal mine, etc. Locomotive engineer, The ques-Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n_ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, "Exhaustion," "Heart mure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisone by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi cough; Chronic valvular heart disease etc. Nomenclature of the The contributory

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S No. 1

Village of City Shookstown - 2FULL NAME Lowis F. R.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED Married WIDOWED. Moale White (Write the word)	16 DATE OF DEATH Acc 23 1950
6 DATE OF BIRTH Feb 25 , 186/ (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1921. to 23, 1930 that I last saw ham alive on 4, 5, 1930
7 AGE If LESS than day hrs. or min.?	and that death occurred on the date stated above, at 6.5 A m The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or framework (b) General nature of industry business, or establishment in	Cerebal apoplery
9 BIRTHPLACE (State or country) Hoaryland	Contributory Arterity Sclosionics Secondary (Duration) 5 yrs
11 BIRTHPLACE OF FATHER OF FATHER OF FATHER	(Signed). M. D. M.
(State or country Maryland 12 MAIDEN NAME OF MOTHER Maryland OF MOTHER Maryland OF MOTHER Maryland	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Maryland 14 THE ABOVE IS TRUE TO THE EAST OF MY KNOWLEDGE	At place of death
(Information of Transie Blank.	Former of usual residence Sharkston Fuldy Cr 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address Near ellos Astron	Duebs Come Stern 25, 1930

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g. Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective ci business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been clianged report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal main meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (naver report "Typhoid Pneumonia"); Lobur preumonia, Bronchopneumonia ("Pneumonia,")

(secondar) or intercurrent) affection need not be st.ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, menapproved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) FOR VIOLENT DEATHS State MEANS OF INJULY Committee on Nomenclature of the

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Dr. Boune

7. S. No. 1

County FC	of DEATH Dederech			STATE OF CERTIFICATI Registration	OF DEATH
	- West Froederick (N		u/o`	St.: Ward	
PERSO	NAL AND STATISTICAL PA	ARTICULARS	MEDICA	L CERTIFICATE	OF DEATH
Noale -	MARR WIDO	IED.	6 DATE OF DEATH	Oct - (Month)-	2V , 1920 (Day) (Year)
6 DATE OF BIS	June	27 1826	hot I land saw hai	alive on	rendent the deseased from
7 AGE	∠ yre. 3 moe. ≤	If LESS than I day hrs. I day min.?	The CAUSE OF DEAT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(b) General :	notes of industry establishment in eyed or (employer)		meyer masima	0-1-1-0	or athrepus.
9 BIRTHPLACE (State or company) 10 NAME FATHER	ountry Haryland William & Bo		Contributory Secondary (Signed) 192	(Afdress)	sher M.D.
OF FAT (State	N NAME		Accidental, Suicidal	or Homicidal.	h, or, la desthe from Injury and (2) whather pitels, Institutions, Trans-
OF MOTO	PLACE	nd	ients or Recent Re. At place of deathyrs	sidents) ln t 0sds. S rected,	
14 THE ABOV	THE TRUE TO THE BEST OF MY	a la	if not at place of deat Former or usual residence	AAAAAA DOOGA - SAA SAA SAA SAA SAA SAA SAA SAA SAA	
	drew West . 3	Mc Couly	Doeslas 4 20 UNDERTAKER		DATE OF BURIAL OST 26, 19 ADDRESS
Application of the state of the	If more blanks are needed,	Registra:	16 W. Saratoga St., I	Balto., Requesting V.	. S. No. 1.

0 - 00 -

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples : (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know/ (a) the kind of work and also (b) the Civil engineer, Stationary freezen, etc. But in many cases, especially in industrial employments, it is needed the first line will be sufficient, c. g., Farmer or Plunter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health. Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from to report specifically the occupations of persons engaged in domestic service for wages, as Servicet, Cook, en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. Spinner, (b) Colton mill; (a) Salesman. Physician, Compositor, Architect, Locomotive engineer, definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken whatever, write Nonc. Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no occupation (b) Automobile factory. The (b) The quesmaterial Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthéria (avoid use of "Croup"); "yphoid fever (never recent "Typhoid Pneumonia"; ...bbar pneumonia, Bronchopneumonia ("Pneumonia";

"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopneumonia (secondary), inges, perilonacum, etc., Carcinoma, Sarcoma,, etc., of as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. (secondary or intercurrent) affection need not be Whooping cough; Chronic valualar heart disease; Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-Example: Measles (disease Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

1930

U S X

Exact

	PLACE	OF DEAT	Н		
	County 1	rde.	ich	00.000 000 00.000 (m)	
Vil	llage or Cit y	Ulico	wil	le (No.	_
	2FUI	L NAME	Da	vid!	Bloom
	PERSON	AL AND S	TATISTI	CAL PARTIC	JLARS
3 5	SEX	4 COLOR C		WIDOWED.	servied
1	Male	whi	te	OR DIVORCES (Write the word	1)
6 1	DATE OF BIR	тн			
			12	17	. 1852
			(Month)	(Day)	(Year)
7 4	AGE	77 yrs.	8 1	nos. 1 4 de	If LESS than 1 day hrs. or min.?
CI CI CI	a) Trade, proparticular kind b) General no business, or ex which employ	d of work ature of indu stablishment	in in	ed But	eher
9	(State or cou		Ind.		
	10 NAME O	Da	wid	Bloo	m
ENTS		eR country)	<i>u</i> . S	. A;	
PAR	12 MAIDEN OF MOTH	IER T		Sterr	ب
	13 BIRTHPL OF MOTH (State or			md.	
14	THE ABOVE I	S TRUE TO	THE BEST	OF MY KNOWL	EDGE
	(Informant	Mrs	Da	vid B	loom
	(Addr	ess)	the	our	۷,
15	Filed Mep.	19	30 7	1 Lung	WAM Registrar

STATE OF MARYLAND 09216 CERTIFICATE OF DEATH

89

If more banks are needed, addre a State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. 100/1.

Registration Dist. No.

St.:	Ward)	(If death a hospital tion, give stead of	or in	E in
-		number.)		

	tion, give its NAME in stead of street and number.)
MEDICAL CERTIFICA	TE OF DEATH
16 DATE OF DEATH	3/ , 1930
(Month)	(Day) (Year)
	I attended the deceased from
Mar. 3 - 1927. to 1	lug. 31, 1930,
that I last saw h alive on	Leef. 3/ , 19230,
and that death occurred on the date	stated above, at 6: 300 m.
The CAUSE OF DEATH * was as follow	
ana Tecto	rio
	3 yrs
(Duration)	yrs,ds.
Contributory Secondary	
	утвmosds.
(Signed) Dra Mr. Bek	ull M.D.
/ 41	ibertydown, Md
Ctate the lisease Causing I Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.	of Injury and (2) Whether
18 LENGTH OF RESIDENCE (For	Hospitals, Institutions, Trans-
ienta r Recent Residents)	
At place of dea!' yrsds.	In the Stateyrsmosds.
Where was disease contracted.	
if not at place of dea.h?	900000000000000000000000000000000000000
usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
ST: James Cente	Lept 7=/1930.
20 UN DERTAKER	DDRESS
In In the	- M. Dougall

S. No. 1

8.--

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from tired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationory fireman, etc. But in many fulness of various pursuits can be known. cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an the first line will be sufficient, e. g., Former or Plonter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oclaborer, ," etc., without more precise specification as Day Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Form laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesmon, (b) Grocery; man, (b) Automobilc factory. The material

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Whooping cough; Chronic Chronic interstitial nepartitis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Never report mere symptoms or terminal condi Chronic etc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH
	Jounty Wederick
-/	llage or City tale (No. (No.
	2FULL NAME Cola Mr. Blu
	PERSONAL AND STATISTICAL PARTICULARS
	SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED OR DIVORCED (Write the word)
6 1	OATE OF BIRTH Office 20, 1999 (Month) (Day) (Yest)
	(1.101111)
7 /	3/yrsds. If LESS than I dayhrs. ormin.?
(a) Trade, profession or / Lansonrife.
K	b) General nature of industry pusiness, or establishment in which employed or (employer)
9 E	(State or country)
	10 NAME OF FATHER MM Realise
ENTS	11 BIRTHPLACE OF FATHER (State or country)
PARE	12 MAIDEN NAME Soria Browning
	13 BIRTHPLACE OF MOTHER (State or Country)
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Registra

If more blanks are needed, addres State Registrar, 16 W. Saratoga St., Balto Requesting V. S. No. 1.

(Informant,

Filed

(Address)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 129

St.: ward) a tion st.	If death occurred in hospital or institu- on, give its NAME in ead of street and imber.)
MEDICAL CERTIFICATE OF	DEATH
16 DATE OF DEATH	19, 19130
(Month)	, ,
that I last saw h Malive on and that death occurred on the date stated abo	2 9, 1920
The CAUSE OF DEATH * was as follows:	5.7 1
Contributory Secondary Contributory Secondary (Duration) (Signed) (Signed) (Address *State the Disease Causing Death, or,	mos de
(Signed) (Address tate of a	Enolden Red
*State the l'issase Causing Death, or, Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal.	In deaths from and (2) Whether
18 LENGTH OF RESIDENCE (For Hospitals, ienta or Recent Residents) At place of death yrs mos. ln the State s	Institutions, Trans
Where was disease contracted Mulmum	uppor hy

BURIAL OR REMOVAL

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specimeanous relationer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the tired 6 yrs). Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from g: ged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed us At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septieaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Aecidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid " "Weakness," etc., when a definite disease Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

3 No. 1

Village or City President (No. 226 Church)	Registration Dist. No. /2/ Registration Dist. No. /2/ Registration Dist. No. /2/ Ward) (If death occurred in a hospital or institution, give its NAME in stend of atreet and of a street a
2FULL NAME / Less Loccies / JE	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (13 , 1983 0 ((Month) ((Day) ((Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 193 % to 3, 193 % that last saw has alive on 193 %
7 AGE If LESS than I day	and that death occurred on the date stated above, at
(a) Trade, profession or school Seach (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER	Contributory (Duration) yrs. mos. ds Contributory (Duration) yrs. mos. ds (Signed) (Duration) yrs. mos. ds (Signed) (Address) Judama Ma
CState or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
(Information Bertha Blum (Adals & Dill an Frederich Meth)	Former or usual residence 2 2 6 Del Ovel Frederich 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 14 Molecular Frederich (5 1938)
Filed 10-Ofuil 1990 fra Mediusly Registras If more b.anks are needed, addre a tate in gistras	20, UN DERTAKER ADDRESS ALL ADDRESS ADDRESS

(Approved by U. S. Census and American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation er," etc., without more precise specification as laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Flanter, Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to e.ch and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E. haustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (sccondary), st.ted unless important. use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(E.haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar) Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death "Atrophy." "Collapse," "Com2," "Convulsions, Nover report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	02912 STATE OF MARYLAND
County (Frederick) Within the Corp.	CERTIFICATE OF DEATH Registration Dist. No. / 3/
Village or City Frederick (No Ein	Residence of the standard of t
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED MODERNICA WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Moar 3
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw has alive on 192
7 AGE If LESS than day hrs. or min.?	and that death occurred on the date stated above, at 3 -40 fm. The CAUSE OF DEATH was as follows:
(a) Trade, profession or particular kind of work Gascay States of (b) General nature of industry business, or establishment in which employed or (employer) Profession BERTHPLACE (State or country) Maryland	Contributory (Duration) / No. mos / de.
10 NAME OF FATHER Aniel Blumenauer 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER	(Signed)
(Informant Mors Mary 1. Blumenauer	Where was disease contracted, if not at place of deah? Former or usual residence Limitally Cont. Feedler.
(Address) Einelburgh Ave	Mot Olivet Com. Moar 5, 1930. 20 UNDERTAKER DATE OF BURIAL Moar 5, 1930. ADDRESS
If more banks are needed, addre.s Ltate Negistrar,	18 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housefulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., without more previous of the laborer, Farm laborer, Laborer—Coal minc, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e g. Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to e.ch and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed Never return "Laborer," "For man," "Nanager," "Dealworked on may form part of the second statement. or given up on account of the DISEASE CAUSING DEATH. Foreman, (b) Automobile factory. The materia. For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal menin_itis"); Diphtheria (avoid use of "Croup"); Typhbid fever (never report "Typhcid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (c. g., repsis, tetanus) may be stated under the head of "contributory." (Recommendations on strement of cause of death approved by Commerce on Nomenclature of the American Medical Association or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st.ted unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. Then two of the injury accident; Revolver wound of head-homicide; Ro Examples: Accidental drowning; Struck by raileasy train-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) affection need unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS state MEANS OF INJULY not be soned by

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent turkly vorrespondence. All the data is essential and must be adding before the certificate is permanently filed.

Dr. Heedges

S No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Trederick	CERTIFICATE OF DEATH
	(30) P. L. D. N. 129
$\Lambda + I$	Registration Dist. No.
Village or City/dule Janna Colo Lun	St.: Ward) (If death occurred in a hospital or institu-
v · · · · ·	tion, give its NAME in-
2FULL NAME Dengamin	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED.	16 DATE OF DEATH May 7, 19130
Male OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Oct 25,891	april 7 19,30 10 May 7 ,19,30
(Month) (Day) (Year)	that I last saw h Malive on May 6 , 19330
7 AGE If LESS than	and that death occurred on the date stated above, at 8:30Am.
7 / / /) l day	The CAUSE OF DEATH * was as follows:
5 6 yrs. 6 mos. / Eds. or min.?	
8 OCCUPATION . TO	Julmonary Inbliculosis
(a) Trade, profession or Copper Smith	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE O O +	Contributory) www. Laryn.gus
(State or country) Bala. Md.	Duration / 2 mos ds.
10 NAME OF	(Signed) Slewart & Shaffer M. D.
FATHER JEPH Bogen	
OF FATHER	May 7 19130 (Address) State Slavalouis and
Z (State or country) I & many.	Stata the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME TO THE STATE OF MOTHER TO THE STATE OF THE STATE O	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
a rewind to offe	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of death yrs. / mos. ds. In the 3 6 yrs. 6 mos. ds.
(State or Country) Ilmany	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) W. Q. Gar druer	Former or usual residence 5075. East ave. Ballo ma.
(informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) / I ale / applorum ma	Ballmore My. mynt 19
15 11 11	20 UNDERTAKER
Filed 192 Pegistra	M.J. Creager Thurmont
If more b.anks are needed, addre.s Ltate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Househeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager, Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enen at home, worked on may form part of the second statement. For many occupations a single word or term on Compositor, Architect, Locomotive engineer, who are engaged in the duties of the For persons who have no occupation ,"""Deal-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Dinhlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJUNY cough; Chronic valvature contributory Nomenclature of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	09217
PLACE OF DEATH	STATE OF MARYLAND
County the dereck Within the	CORDULATE OF MARTEAND
	Registration Dist. No. / 3/ 2
Village or City Aledereko. 1	West 57, St.: Ward) a hospital or institu-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEL 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
MARRIED, WIDOWED, ORDIVORCED S.	Шед 6 , 1930
(write the word)	(Mogh) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE [If LESS than	and that death occurred on the date stated above, at
Y Y day hrs.	The CAUSE OF DEATH * was as follows:
yrs. J mos. O ds. or min.?	(A) 1 1
8 OCCUPATION (a) Trade, profession or	V Ma Musity
particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) for derick Md.	Contributory Secondary
FATHER Lester E. Boleyn	(Signed) My Durofus M.D.
of FATHER BACK . MA	*State the Usease Causing Death, or, in deaths from Violent Causes, state_(1) Means of Injury and (2) Whether
(State or country) Valle More Md. 12 MAIDEN NEW OF MOTHER LACEUR TO de Ceurode	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER BANK. TALL	ients or Recent Residents) At place In the of death yrs
	Where was disease contracted, if not at place of dea.h?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence
(Informant) Aud. May	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Montierer Hospital 6 ving, 1980
Filed 6 lug, 1980 m Curdy Registray	Hues a, mes bukis Frederick,
If more branks are needed, address State Registrate	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Collon mill; (a) Salesmon, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) tion applies to each and every person, irrespective of Statement of Occupation - Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as Al school, or Al home. Care should be taken laborer, Physician, Compositor, Architect, Locomotive engineer, to report specifically the occupations of persons enetc., without more precise specification as Doy For many occupations a single word or term on Farm loborer, Laborer -- Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the Disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Dishtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

inges, perdonaeum, etc., Corcinoma, Sarcona, etc., of (name origin; "Cancer" is less definite; avoid "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping use of "Tumor" for malignant neoplasms); Meosles, telenus) may be stated under the head of "contributory:" as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poismed by Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death Chronic interstitual nephritis, Never report mere symptoms or terminal condicough; Chronic valvudar heort disease; etc. The contributory

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N. B.

11	н -			02913		
(in the state of	PLACE	OF DEATH	writing the corporate a	0 0 0 1	STATE OF	MARYLAND
\$ 30°	County Fr	ederick	**************************************	(57)	CERTIFICAT	E OF DEATH
- p					Registration	Dist No. /8/
Siff	Village or City	Frederick	Cor. Motter	Ave & 9th St.,		1. Of death occurred in
ORD KAUTE classifi ate.			Harold Roone	१८ में प्रमाणकिया के के प्राप्त स्थापन के प्राप्त के अपने के के किए किए के किए के स्थाप है था वा वा वा वा वा व वा वा व	St.: War	tion, give its NAME i
IN NO	2FU	LL NAME		***************************************	***************************************	stead of street and number.)
red coerticer	PERSO	PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH		
EN.	3 SEX	4 COLOR OR RACE	SSINGLE. MARRIED. single WIDOWED.	16 DATE OF DEATH	larch	28, 1930 192
ANI ANI Id be	Male	white	OR DIVORCED (Write the word)	***************************************	(Month)	
RN. India	6 DATE OF BIF		908	17 I HEREBY	CERTIFY, That I as	ttended the deceased from
PE DE		Dec. 5	, 1	1 //		1 are 28, 1030.
IS A IS A ACE so that		(Month)				-, 28 19Ba.
d. se	If LESS to	If LESS than	,			
HIS mis		21 yrs. 2	mos. 23 ds. or min.?	- 1)	tos me	Blitux
T	(a) Trade, pr	ofession or 14 ho	ome			
NK NK	(b) General nature of industry		In a	El facoles	slikety	
G I gent			a nu	(Duration)	yrd. mos ds.	
Nar Sar	9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 22 OF FATHER (State or country) 12 MAIDEN NAME ALLS M. Heller	Contributory C	omas (le	cidosio)		
		Secondary	(Duration)	yrs		
A N PO A		(Signed)	B. Cris	M. D.		
		March 28 1920	(Address) Frade	rick, M		
- C		*State the Lie	sease Causing Death	t, or, in deaths from njury and (2) Whether		
		NAME ALTO TE	"eller			THE COLUMN TWO IS NOT THE OWNER, THE PARTY NAMED IN COLUMN TWO IS NOT THE OWNER.
Les Av	OF MOTI	TER Y	-02.101	18 LINGTH OF RES		itals, Institutions, Trans-
nfon setcito	13 BIRTHP		Id.	At place of deathyrsme	ln th	e 21 yrs 3 mos 231s.
- E	Control of the Contro	Where was disease contri	acted,			
TE non	(Informant) Mr. J. Vernon Boone		if not at place of dea.h? Former or usual residence buttles are + 9 lb Ireeto, Fielders		18 STreet Fredam	
RIT				19 PLACE OF BURIAL	145 miles	DATE OF BURIAL
W X	(Add	Frederick,		1000 110.1	- /. ,	31-4400032
Eve C12	COMMENSATION OF THE PARTY OF TH	0	1101	20 UNDERTAKER	me and	ADDRESS

Frederick, 1d.

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Etchison & Son

Regiatrar

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Housemaid, etc. If the occupation has been changed Foreman, or At Home, and children, not gainfully em-For many oecupations a single word or term on Compositor, For persons who have no occupation (b) Automobile factory. The material Architect, Locomolive engineer, (b) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Group"); Typhoid fever never report "Typhoid Pneumonia"; Lobar pneumonia, Branchopneumonia ("Pneumonia,");

stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinomu, Sarcoma, etc., of "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Huemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menbelieves) may be stated under the head of "contributory." as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; approved by Committee on Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. Chronic valendar heart disease; and consequences (e. g., sepsis, etc. The Nomenclature of the eontributory

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No. 1

200

N. B.

PLACE OF DEATH	STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH
	(129) Registration Dist, No. 144
Boul Ale	Registration Dist. No. ////
Village or City Well Tho.	St.: Ward) (If death occurred in a hospital or institu-
m. 1. 0 11	tion, give its NAME is stead of street and
2FULL NAME / Caque Cordele	a Doore number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, MANUEL	16 DATE OF DEATH FCL 5 1980
Herrala While OR DIVORCED (Write the word)	(Month) (Day) (Year)
& DATE OF BIRTH	17 I HEREBY CERTIFY. That I attended the deceased from
1.11 11 de	Feb 1 193010 Feb 5 1930
Seft 66, 18/3	+ 4 (102a
(Month) (Day) (Year)	that I last saw halive on J
7 AGE If LESS than	and that death occurred on the date stated above, at
54 yrs. 4 mos. 9 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	Al Luly setting Makley, In
(a) Trade, profession or //	monde vacció de la como de la com
particular kind of work Haush Vigo.	
business, or establishment in	(Duration) vrs. mos. ds.
which employed or (employer)	Contributory Mreena
9 BIRTHPLACE (State or country)	Secondary
mary fand	(Duration) yrs. mos, ds,
ID NAME OF FATHER ALL ALL ALL ALL ALL ALL ALL ALL ALL AL	(Signed) Mau Khiller M. D.
grayson & Calineine	216- 1920 (Address) Delourand
U II BIRTHPLACE OF FATHER	+Catte the Disease Couring Dooth or in deaths from
Z (State or country) Maryland	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER COLING	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER	At place of deathyrsds. In the Stateyrsds.
(State or Country) Marytano	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	in not at place of dea.h?
(Informant) Harry W. Boonl	usual res.dence
(miormane)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Rocky Ragh	Haughs' Feb 8, 1930
15 F1 6 7 30 Com 91 (may)	2D UNDERTAKER ADDRESS
Filed 1900 CMall Registrai	Willlide & Creeger Phurmont
	r, 16 W. Saratoga St., Balto., Reguesting V. S. Ivo. I.
If more blanks are needed, addre.s I tale Kegistra	r, to me satatoga step states, hedgesterne

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housesary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrose in al meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Fneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

st_ted unless important. Example: Measles (disease "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Scnile," etc.), "Dropsy, "E.:haustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n_ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the (Recommendations on statement of cause of death American Medical Association.) peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; Chronic valvular heart disease; ctc. The contributory

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V. S. No. 1

PLACE OF DEATH	06686 STATE OF MARYLAND
County Filmet	CERTIFICATE OF DEATH
	Registration Dist. No. /3/
Village or City Maby (No. Cha 2FULL NAME Daniel 6. Box	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mark A COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH JULY 19 1930 (Year) (Year)
6 DATE OF BIRTH July 14	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE [If LESS that	and that death occurred on the date stated above, at
30 yra. 4 moa. 5 ds. or min.	
B OCCUPATION	
(a) Trade, profession or particular kind of work	Occidental death, from injuries received when
(b) General nature of industry	the Endge over the monocary River at Freder
business, or eatablishment in which employed or (employer)	ich guntion a collafationality of yrs. mos de
9 BIRTHPLACE	Contributory Shock
(State or country) Balts ms.	Secondary (Durstion), mosds
10 NAME OF COOLS BOX	(Signed letter of Beaut pliting Coronte
IN 11 BIRTHPLACE	June 20 180 (Address) trederick, md
OF FATHER (State or country) New Fredom Pa	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Ella Kline	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER OF MOTHER OF MOTHER	At place of death yis mos. ds. In the State Life mos ds
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY-KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
1) 21 cor 200 00	Former or Cual residence
(Informan) (Address)	The Rock of Jens 12,30
Filed 20-June 1980 Da / McRudy	20 UNDERTAKER ADDRESS Tederick
	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Red

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits ean be known. The quescupation is very important, so that the relative healther," etc., Spinner, sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekcepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womman, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation

Et. C. USING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertlovitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State eause for which surgical operation was underean be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory affection need not be

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PLACE OF DEATH	12417 STATE OF MARYLAND
County Telderrop.	CERTIFICATE OF DEATH
71'	742 Registration Dist. No. 137
Village or City I monvelle (No.	St: Ward) (If death occurred in a hospitul or institution, give its NAME in
2FULL NAME James Jel.	Solario, stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Wildowed Or Divorced (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH JUNE - 27 3/1865	17 HEREBY CERTIFY, That I attended the deceased from 1927. to Olf 9, 1927.
/Month) (Day) (Year) 7 AGE If LESS than	and that death occurred on the date stated above, at 1450 m.
6 Jyrs. 3 mos. // ds. or min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or farmer retired,	Newigleyia /
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Durstion) vrs. 6 mos. ds.
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Durstion) yts mos de
10 NAME OF James M. Bostain.	(Signed). M. D.
O II BIRTHPLACE OF FATHER	1920 (Address) JULO 11 11 199
C (State or country) Maryland,	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Martha lo. Instice	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Truns-
13 BIRTHPLACE OF MOTHER (State of Country) Manueland	At place In the of deathyrsmosds, Stateyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea h?
miss Bustin Bostain	Former or usual res.dence
(Address) Unionville Med.	19 PLACE OF BURIAL OR REMOVAL / DATE OF BURIAL
15 Filed Oct, 9 19230 Maryuan	20 UNDESTAKER ADDRESS
If more b.anks are needed, addre.s Ltate Negistrar	, 16 W. Saratoga St., Balto., Lyquesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

laborer, Farm laborer, Loborer—Coal mine, etc. Womshould be used only when needed. As examples: (0) nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationory firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servont, Cook, Housemoid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken whatever, write None. nner, (b) Cotton mill; (c) Salesmon, (b) Grocery; Foreman, (b) Automobile foctory. The material For many occupations a single word or term on who are engaged in the duties of the For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal fever (the only definite synonym is "Epidemia cerebrase, inal meningitis"); Dinhlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertlonitis," etc. can be ascertained as the cause. Always qualify all accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roilway troinand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, as fracture of skull, and consequences (e.g., sepsis, (Recommendations on statement of cause of death perilonaeum, etc., Corcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic valvular heart diseose; etc. The contributory

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Exact

Every item of information should be carefully supplied. ACE should be stated EXACTLY, P CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified statement of OCCUPATION is very important. See instructions on back of certificate. CORD PERMANENT BINDING A MARGIN RESERVED FOR WITH UNFADING INK--THIS

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PLACE OF DEATH	05532 STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH
0'4	Registration Dist. No. 137
Village or City burte foron (No.	c. Si (If death occurred in
	tion give its NAME is a
2 FULL NAME Charles Hashing to	ow Bowers stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Inale Thulo Single, MARRIED, Married— WIDOWED, MORDIVORCED (Write the word)	16 DATE OF DEATH May 29th, 1950 (Mooth) (Day) (Year)
6 DATE OF BIRTH	17 / I HEREBY CERTIFY, That I attended the deceased from
Oct. 11- 1852	1920. to Shady , 1930,
(Month) (Day) (Year)	that I last saw h Malive on Mey 24 9 , 19030,
7 AGE If LESS than	and that death occurred on the date stated above, atm.
77 yrs. 7 mos. /8 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	Milial Visu Herency
(a) Trade, profession or Netwed Farmen	
(b) General nature of industry business, or eatablishment in	(Duration) / yts. 6 mos 6 ds.
Which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) Md,	Secondary
10 NAME OF O / A	(Duration) yrs. mos. ds.
FATHER Stashing tow Bowers	(Signed) M. D. May 30 1920 (Address) X brity town
II BIRTHPLACE OF FATHER	The state of the s
(State or country) Md	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Margareh Reddlemorea	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country) Ond,	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Edwin Bowers	usual residence
(Address) Frderick - R.F. S.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
- 40 - 118 45	Muon Chapel Cemelery June 1 1930
Filed May 30 1920 / D. Culfulally Registrar	Powell & albaughs & diberty town

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tircd 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved by Committee on as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; nephrilis, etc. The contributory Example: Measles (disease Nomenclature of the

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V S. No. 1

PLACE OF DEA	TH · O	1 - 4	L 01000	STATE OF N	ARYLAND
County 4/ plat	enck.		04260	CERTIFICATE	OF DEATH
	4	-	(90)	Registration I	Dist. No. 13/
Village or City	esson (No. 8.	J- 0	off Be	St: Ward)	(If death occurred in a hospital or institution, give its NAME in stead of street an number.)
² FULL NAME.	700000	Die		or way	number.,
	STATISTICAL PARTICULA	RS -		AL CERTIFICATE O	FDEATH
Jemale Dh	OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	seet 16	6 DATE OF DEATH	(Month)	8 , 193 J
6 DATE OF BIRTH	(Month) (Day)	1861	HEREBY	CERTIFY, That I atte	nded the deceased from
7 AGE	6 2 16		nd that death occurr he CAUSEO DEAT	ed on the date stated	nbove, at 4.34.m
B OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of in-	11000	1	an Tal	vin Hea	Howean
husiness, or establishmen which employed or (employed property) 9 BIRTHPLACE	t in	***************************************	Contributer Contributer	Duration) 5	luly
(State or country)	Alex i	1 0 (8	Signed)	(Durafion)	The most M. D.
FATHER OF THE STATE OF THE STAT	nua gring	non	1927	(Address)	me
OF FATHER (State or country) 12 Maiden Name	Box	(*State the Di Violent Causes, sta Accidental, Suicidal	sease Causing Death, te (1) Means of Inj r Homicidal.	or, in deaths from ury and (2) Whether
of MOTHER	- Mariadely	Hestie	ients or Recent Res		als, Institutions, Ir_n
13 BIRTHPLACE OF MOTHER (State or Country)	D Ald.	of	t place f deathyrsm	osds. In the State	Life mos de
14 THE ABOVE IS TRUE TO	THE BEST OF MY KNOWLEDG	Fe It	ormer or sual residence	Lenon.	and
(Informant)	efferon	/	eformen	OR REMOVAL	Stor 13. 19
15 Filed 2. Oluf		egistrai	OUNDERTAKER ALLER	Thison Id.	Myselesia
If more	b.anks are needed, addre.s atat	o liegistrar, I	6 W. Saratoga St., I	salto., Kequesting V. S	, Iso. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Collon mill; (a) Salcsman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal minc, etc. Wom-Never return "Laborer," "Foreman," "Nanager," "Dealgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. (a) Foreman, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, For many occupations a single word or term on yrs). For persons who have no occupation (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

> "E_haustion," "Heart famure, maemonmage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E-haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar or intercurrent) affection need not be streed unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., scpsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic valvular heart disease, etc. The contributory

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1 PLACE OF DEATH

	1 PLACE OF DEATH	09218	STATE OF MAI	OVIAND
Co	unty Frederick	00010	CERTIFICATE O	
		1940		100
.	m :11 =	Co	Registration Dis	t. No. / O
Vil	lage or City Maddletone (No		St.;Ward)	[if death occurred in
111	P + P			a hospital or institution, give its NAME instead
	2 FULL NAME Laurella 60	Sacul	And the state of t	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	ME	DICAL CERTIFICATE O	F DEATH
3 8	4 COLOR OR RACE 5 BINGLE, MARRIED,	16 DATE OF DEAT		7
7	emale white OR DIVORCED We day		(Nonth)	(Day) , 191 (Year)
6 D	PATE OF BIRTH	17 I HERE	BY CERTIFY, That I atte	nded deceased from
	august 4 15/18	***************************************	, 191, to	30 ,191
7 A	(Month) (Day) (Year)	that I last saw i	s alive on 8/6	130 ,191 ,
, A	If LESS than 1 day,hrs.	and that death	occurred on the date sta	ted above, at 3.P.m.
	8 2 yrs. 0 mos. 2 ds. OR min.?	The CAUSE OF	DEATH * was as follows	in 014.
18	a) Trade, profession, or	Men	le entero	Coletis
P	arricular kind of work	J	10 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	** 600000000000000000000000000000000000
1 Donah	b) General nature of industry usiness, or establishment in	000000000000000000000000000000000000000	**************************************	27 · · · · · · · · · · · · · · · · · · ·
-	mich employed (or employer)		(Duration)	yrsmosds.
9 6	SIRTHPLACE (State or country)	Contributory Secondary	Heat.	3000 1.00000000000000000000000000000
1	10 NAME OF		(Ouration)	yre mos de.
	FATHER Place O. V.	(Signed)	MY V. Hace	cee. H.
STA	11 BIRTHPLACE	918130	191 (Address) W.	0001=
lul	(State or country) Frederick Country		THEASE COUSING DEATH, or, if MEANS OF INJURY, and (2)	deaths from VIOLENT
AAB	12 MAIDEN NAME OF MOTHER	SOICIDAL OF THIS	I TOAL	
0.	13 BIRTHPLAGE	18 LENGTH OF RES	IDENCE (FOR HOSPITALS, IN	STITUTIONS, TRANSIENTS,
	OF MOTHER (State or country)	At place	In the	
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contri		7f8 mos és.
	(lotormant) mus Connie Connie	if not at place of death Former or	?	
	(10101 man) for the same of the same	usual reeldence	***************************************	******
	(Address) Middletown Ind	19 PLACE OF BURI	AL OR REMOVAL	ATE OF BURIAL
15	0 -0 12	middle	towner and a	ing, 8, 10130
Fil	CIELS 8 1980 Trayon Culles	20 UNDERTAKER	A	DORESS
	REGISTRAR	To.J. / 19	adliel 1	Ind alylown
11.	If more blanks are needed, address State Registrar, 16	8 W. Saratoga St., Bal	to., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, write None. husiness, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day loborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton husiness or industry, and therefore an additional line especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulis provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Plonler, Physi-For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever Women at home, who are engaged in If retired from (b) Auto-

CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia of tungs, menin-unqualified. is indefinite); Tuberculosis of tungs, menin-

nephritis, etc. The contributory (secondary or intercurges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvalur heart disease; Chronic interstitial "Tumor" for malignant neophisms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of and consequences (e. g., sepsis, letonus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths eause. Always qualify all diseases resulting from childetc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Anaemia" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. State cause for which or miscarriage as "Puerperal septichaemia," "Coma," The nature of the injury, as fracture of skull (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Dehility" ("Con-Never "Exhaustion, report mere

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. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement. etc., For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (nover report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), whooping cough; "Chronic valuular hand Airapproved by Committee on Nomenclature of the American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condietc. The contributory

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V. S. No. 1

N. B.

1 PLACE OF DEATH County Fuldence R	04259 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 132
Village or City///ddletaum (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME irstead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow (Write the word) Widow	16 DATE OF DEATH 29, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH Javenber 15, 1846 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 . to
7 AGE 8 3 yrs. 5 mos. 14 ds. or min.?	and that death occurred on the date stated above, at 3.30 m. The CAUSE OF DEATH * was see follows:
a) Trade, profession or particular kind of work (b) General nature of industry	mosplekely Osterios Pian
business, or establishment in which employed or (employer)	Contributory Secondary (Duration) yrs. mos ds.
11 BIRTHPLAGE OF FATHER OF FATHER (State or country)	(Signed)
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the of death yrs
(State or Country) Frederick Covering 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mabel Shaper (Address) Meddletown M	Where was disease contracted, if not at place of dea.h? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL May 2, 19.30 20 UNDERTAKER ADDRESS
Filed 192 Registrar	C. T. K Gladbill Middletow.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Housetuborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salcsman. (b) Groccry; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, r," etc., especially in industrial employments, it is neces-For many occupations a single word or term or yrs). For persons who have no occupation without more precise specification as Day

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Exhaustion," "Heart Innure, Lincoln," "Shock," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic valvular heart discase; etc. The contributory

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PLACE OF DEATH	9219 STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH
6 .20	Registration Dist. No. 134
Village or City Countaking (No. 2FULL NAME Bernard M.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCES (Write the word)	16 DATE OF DEATH August 16 - , 192 30
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	192, 192, that I last saw halive on, 192,
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows: Jemoture Bith
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Bernard H. Borfe	Contributory Secondary (Dyralion) (Dyralion) (Signed) (Signed)
OF FATHER (State or country) The state of	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME CHURY BOLLINGE OF MOTHER CHURY BOLLINGE OF MOTHER (State or Country) 12 MAIDEN NAME DOLLINGE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) At place of death yrs mos. ds. Where was disease contracted,
(Informant) Perual A. Bayle (Address) Lunthung rul	if not at place of dea h? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Label Aug 17, 19 30
Filed Ing 174 1930 M. T. Shuff	20 UNDERTAKER Aptress. Short & Suntaking &

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully embusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, nner, (b) Collon mill; (a) Salesman, (b) Grocery;
Foreman, (b) Automobile factory. The material For many occupations a single word or term on Compositor, who are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. But in many Architect, Locomolive engineer, The ques-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise..se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease (secondar; or intercurrent) affection need not be st-ted unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage, American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as atic), "Atrophy." "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-Chronic valvular heart disease; The contributory

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V. S. No. 1

PLACE OF DEATH County Secret	6418 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Trederich (No. 709 1.	Marked States we in (If death occurred in
2FULL NAME Deley Soffia 1	a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 1920 (Month) (Day) (Year)
March 2, 1872 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Dead when called
business, or establishment in which employed or (employer)	(Duration) yis 6 mos ds. Contributory (section - Selectors) Secondary
(State or country) reteries Co. M. 10 NAME OF FATHER	(Signed) (Duration) yrs. 5 mos ds.
11 BIRTHPLACE OF FATHER (State or country)	*State the l'is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME OF MOTHER DUSAN MINOTEL	Accidental, Suicidal or Homicidal. 1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country) (State or Country)	At place of death
(Informant) Lester WYKNOWLEDGE	Former or usual residence 789 M. Warkell Tulk
(Address Sellson Page Vred)	More Cemeter and L. 120
Filed 23- Jan 1980 dra J McKurdy Registras	CEClinoson Smarket of.
If more banks are Meeded, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemand, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) should be used only when necded. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to cuch and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, ," etc., Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is necesyrs). without more precise specification as Day Colton mill; (a) Salesman. For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the single word or term on 3 Grocery;

Statement of Cause of Death—Name, first, the DISEASE'C AUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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PLACE OF DEATH.



STATE OF MARYLAND CERTIFICATE OF DEATH

Registr	ration D	ist. No.	14,	/
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L CERTIFIC	ATE O	F DEA	гн	
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te (1) Means Homicidal.	Death, of Inju	or, in ry and	desths 1 (2) Whe	rem
IDENCE (For	Hospita	Is, Inst	itutions,	Trans

	MEDICAL CERTIFICATE	OF DEATH
	16 DATE OF DEATH	18 , 1983
	(Month)	(Day) (Year).
-	17 I HEREBY CERTIFY, That I get	ended the deceased far
	1980. to	2 /8 , 192
	that I last saw h salive on 46	16 , 193
n.	and that death occurred on the date stated	above, at
3.	The CAUSE OF DEATH * was as follows:	woodays
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	Contributory Secondary	
	(Duration)	yrs,mosZ
	(Signed) Xevil Ned	. м.
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	#State the Discase Causing Death	or, in deaths from
	Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	jury and (2) Whether
	18 LENGTH OF RESIDENCE (For Hospi	tals, Institutions, Tra
-	ients or Recent Residents)	
		eyrsmos
-	Where was disease contracted, if not at place of death?	
	Former or usual residence	**************************************
	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	Knoxville Md 2/20/30	, 19
	C H Feete & Son Brunsw	ADDRESS

Village or City 2FULL NAME Louise C Brakeall PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE 3 SEX Female White 6 DATE OF BIRTH July (Month) 7 AGE 68 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry

business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country)

> 10 NAME OF FATHER

> > OF FATHER

OF MOTHER 13 BIRTHPLACE

> OF MOTHER (State or Country

(State or country) 12 MAIDEN NAME

Rrunswick Md

Richard Anderson

Illinoise

Nd

Md

John Hankey

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Jane Dixon

5 SINGLE.

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more process. The laborer, Farm laborer, Laborer—Coal mine, etc. Womlaborer, Farm laborer, the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). For persons who have no occupation definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed as At school, or At home. Care should be taken en at home, who are engaged in the duties of the or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (re-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-

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er," etc., Without nine present of the laborer, Farm laborer, Laborer—Coul mine, etc. Womfulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; should he used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to e.ch and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at heginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Ilousewife, Ilouseen at home, who are engaged in the duties of the additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphal. fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, st_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; tetanus) may he stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e. g., sepsis, Chronic interstitial nephritis, (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJULY Chronicetc. The contributory valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSI-	PLACE OF DEATH County Fredericks
F CORD ated EXACTLY, operly classified certificate.	Village or City Mt, any, (No
NT stated proper	PERSONAL AND STATISTICAL PARTICULARS
Z to at	Jense A COLOR OR RACE SINGLE, MARRIED, Single WIDOWED. OR DIVORCED (Write the word)
A PERMANE ACE Should be that it may be tions on back	6 DATE OF BIRTH (Month) (Day) (Yes
FG 18	7 AGE 33 yrs. // mos. 3 ds. or m
RESERV VG INK1 refully sup in plain tel riant. See	(a) Trade, profession or particular kind of work (b) General nature of induatry business, or establishment in which employed or (employer)
MARGIN I UNFADIN ould be car	9 BIRTHPLACE (State or country) Maryland,
Σ 00 >	10 NAME OF FATHER andrews & Brandenbu
WITH ation sho	11 BIRTHPLACE OF FATHER (State or country) Mary land.
	of MOTHER Carrie G. Mattrins,
Information of the state of the	13 BIRTHPLACE OF MOTHER (State or Country) Mary land.
RITE item of should ment of	(Informant March), Brandenburg
WF Every i CIANS	(Address) Wm 2181

Filed (10 20 198 3 0

	13774 STATE OF MARYLAND
ALC: U	CERTIFICATE OF DEATH
	(22) Registration Dist. No. 47
J. Br	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
LARS	MEDICAL CERTIFICATE OF DEATH
ingle,	16 DATE OF DEATH 700 = 19 = , 1920.
	(Month) (Year) (Year)
1896.	17 Oct 25 19230 to Nov. 19.30, 1930
(Year)	that I last saw her alive on how 19 19930
If LESS than	and that death occurred on the date stated above, at // 45 a.m.
I day hrs.	The CAUSE OF DEATH * was as follows:
	Quite Rephritis
	/oxemia
	(Duration) yrs. mos 25 ds.
	Secondary
	(Duration) yrs mos D ds.
lenburg	(Signed) Marley Fabru M. D. M.
	*State the Piscase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Fries,	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
1	At place of deathyrsmosds. In the Stateyrsmosds.
EDGE	Where was disease contracted, if not at place of death?
hurs	Former or usual residence
1	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

ADDRESS

If more blanks are needed, addres State Registrar, 16 W. Saratoga St., Balto, Tycquesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it whatever, write Nonc. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (o) Salesmon. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Former or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Civil engineer, Stationary firemon, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, For many occupations a especially in industrial employments, it is necesyrs). without more precise specification as Doy For persons who have no occupation (b) Automobile factory. The materia If the occupation has been changed single word or term on not gainfully em-3 Grocery;

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." atic), approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably smcide. The n .ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); American Medical Association.) unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, peritonaeum, etc., Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid cough; "" "Weakness," etc., when a definite disease or intercurrent) Chronic Carcinoma, Sorcoma, ," "Coma," "Convulsions, etc. The contributory affection need valvular heart disease; Measles not be etc., of

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NDING	PERMANENT	nould be state t may be prop on back of ce
MARGIN RESERVED FOR BINDING	WRITE (INL., WITH UNFADING INKTHIS IS A PERMANENT)	nould be carefully supplied ACE stop of DEATH in plain terms so that it sery important. See Instructions
V. S. No. 1	WRITE (INL. WITH	N BEvery item of information should be carefully supplied ACE should be state CIANS should state CAUSE OF DEATH in plain terms so that it may be propertatement of OCCUPATION is very important. See Instructions on back of ce
1>		Man

f		/ 12418
	PLACE OF DEATH	STATE OF MARYLAND
	County referrely	CERTIFICATE OF DEATH
		Registration Dist. No./3/
ioate.	Village or City Trederick (No. Trederick Tours of the Street Constitution o	Griele City Applitativard) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
erti	PERSONAL AND STATISTICAL PARTICULARS	
5	3 SEX 4 COLOR OR RACE 5 SINGLE.	MEDICAL CERT/FICATE OF DEATH
ack o	WIDOWED, OR DIVORCED	(Month) (Day) (Year)
ions on ba	6 DATE OF BIRTH	(Month)——(Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
	(A)	ON 20 1920 ON 30 1930
	(Month) (Day) (Year)	that I last saw her wire on , 192,
not	7 AGE If LESS than	and that death occurred on the date stated above, at 5
e Instr	Still-bone. I day hrs.	The CAUSE OF DEATH * was as follows:
	yrs. mos. ds. or min.)	c+1/1 /2001
Sec	(a) Trade, profession or	Sulf is in - 6 no
+	(b) General nature of industry	C A
very importar	business, or establishment in which employed or (employer)	(Duration) yrs. Bros. ds.
	9 BIRTHPLACE	Contributory
	(State or country) Grederich.	Secondary (Duration) vis. mos. de
	10 NAME OF	Sill to said
	FATHER Colone Joke	6 2/21 21 2 2/21/11
-	11 BIRTHPLACE OF FATHER	Street has Discons Couring Doth on In Josh &
2	OF FATHER (State or country)	*State the Discase Causing Death, or, In deaths from Violent Causs, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
PAT	of MOTHER Blanche Brandonbur	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
0	18 BIRTHPLACE OF MOTHER)	At place In the
00	(State or country) Mil Clery. Ind.	of death yrsmosds. Stateyrsmosds.
0	14 THE ABOVE IS TRUE TO THE BEST OF YY KNOWLEDGE	if not at place of death?
ment	(Informant) Miss. Blancke Brandelle	Former or usual residence
laten	(Address) Mt. line, mg,	Claustin Frederick Oct 20,950
S	15 Filed 26 - Ochotes 9200 Day McRuely	20 UNDERTAKER ADDRESS
	If more branks are needed, address State Registrar,	16 W. Saratega St., Balto., Requesting V. S. No. 1.

NOV 6 1930 BURZAU V.S.

S No. 1

PLACE OF DEATH County Frederick Within the County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / 3/
Village or City Mederick (No. 215A)	St.: Ward) St.: Ward) A continuous of the stead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
July 10 , 17 30	
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS than I day @ hrs. or _ min.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	"4 months muscamage
(b) General nature of industry business, or establishment in	(Duration) yrs. mos ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs
10 NAME OF FATHER Frank Brundenburg	(Signed) BIR Server M. D.
OF FATHER (State or country) 12 MaiDEN NAME (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Charlotte Conders	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Truns- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place in the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
20 Frank Brandenburg	Former or usual residence
(Informant) (Address) Frederick Med	Mamated Martinary Date of Burial
Filed 13. July 1980 Doal McCurly Registra	M. C. Ochison frederick my
more b.anks are needed, addre.s ttate negistran	r, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The queser," etc., without more present above, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g. Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "(E.haustion," "Heart failure," Haemorringe, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.haustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronehopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease (name origin; "Cancer" is loss definite; avoid use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Careinoma, Sarcoma, etc., of accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, etc. The contributory Whooping cough; telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease;

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V S No. 1

PLACE OF DEATH County Frederice (STATE OF MARYLAND CERTIFICATE OF DEATH
near ho	Registration Dist. No. 134
Village or City // College (No	St.: Ward) (If death occurred In a hospital or institu- tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIEDU. MONGOL OR DIVORCED (Write the word)	16 DATE OF DEATH May 9, 1930 (Month) (Day) (Year)
Feb. 27, 1800 (Month) (Day) (Year)	that I last saw husalive on May 8, 1950,
80 yrs. 2 mos. 12 ds. or min.?	The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Parensone 9 Problete gland (Duration) 2 vrs mos - de
9 BIRTHPLACE (State or country) (Musselvania	Contributory Secondary (Duration)
10 NAME OF FATHER MAKENOWW	(Signed Holand & Diller M. D. 5/9 130 (Address) Delour mo
OF FATHER Z (State or country) 12 MAIDEN NAME //	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h? Former or usual residence
(Informant) Loy Frank (Address) Gocky Ridge Ind	ROSSVILLe Sound May 12. 193.
Filed May 9, 19230 M. Fry Shuff	Willhide & Creeger Thurson
If more b.anks are needed, addre.s tate Negistra	r, 16 W. Saratoga St., Bulto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tion applies to each and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cool, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Fortman," "Nanager," "Dealworked on may form part of the second statement. business, that fact may be indicated thus; Farmer (re-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

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REAT

7	6	Y, PHYSI- ed. Exact
	ECORD	ed EXACTL
NDING	ERMANENT	nould be stated EXACTLY, PHYSI-

PLACE OF DEATH	STATE OF MARYLAND
County Trederick	CERTIFICATE OF DEATH Registration Dist, No. 134
Village or City Tut. St Turaup (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and
2FULL NAME William Rich	ard Brauce stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (198.3.0) (Month) (Day) (Year)
S DATE OF BIRTH Jou. 16, 184	17 HEREBY CERTIFY, That I attended the deceased from
7 AGE (Month) (Day) (Year 7 AGE If LESS the control of the co	an and that death occurred on the date stated above, atmrs. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or Retired particular kind of work	excernin heat-
(b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Was larely	Contributor Minus Puller Secondary
10 NAME OF FATHER William Brawner 11 BIRTHPLACE	(Signed) (Address) M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D
OF FATHER (State or country) Wangloud	*State the Disease Causing Death, or, in deaths from Violent Causes, stats (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Catherine Shindledeelce	- LENGTH OF RECIPENCE (F. U. riada Institutions 7- m
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of deathyrsmosds. Stateyrsmosds Where was disease contracted,
(Informant) Curs. Phos. Ott	if not at place of dea h? Former or usual residence
(Address) Enuitaling and	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL July 73, 19 3.
15 Filed July 23 1930 Mbt. Smill	20 UNDERTAKER ADDRESS

No

WRITB

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation er," etc., without more present above, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, cupation is very important, so that the relative healthwhatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Sarvant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. Civil engineer, household only (not paid Housekeepers who receive a For many occupations a single word or term on Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS.
EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

"Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, st_ted unless important. Example: Measles (disease approved by Committee on tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, meninges, reritonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-Chronic interstitial nephritis, etc. Whooping cough; American Medical Association.) Examples: Accidental drowning; Struck by railway train— (secondar; or intercurrent) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic affection need not be valvular heart disease; Nomenclature of the The contributory

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V. S. No.

B

	3775
PLACE OF DEATH	STATE OF MARYLAND
County to denck Within the Day	CERTIFICATE OF DEATH
1 Quil	Registration Dist, No. 12/7
Village or City (No.	St.: Ward) (If death occurred in
2FULL NAME Mrs Shrucilla P	a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
Temale Copieto OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
1877	1930 to MM 2 1930.
(Month) (Day) (Year)	that I last saw h Walive on Nov. 21 , 1930.
7 AGE	and that death occured on the date stated above, at
2 2 vre man idayhrs.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION mos. ds. or min.?	The
(a) Trade, profession or fourseur	Dofoe your
(b) General nature of industry	
business, or establishment in hich employed or (employer)	(Duration) 3 yrs. X mrs. X de.
9 BIRTHPLACE	Contributory (1 to ten Acut All to
(State or country)	Secondary Color (Maratala
10 NAME OF STATHER SALES BOOK	(Signed) M much M.D.
11 BIRTHPLACE	North I 1929 (Address) Fire Surice my
0) 6	*State the Disease Cousing Death on in death to
OF FATHER (State or country) 12 MAIDEN NAME	Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER whowy	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or country)	At place of death yrs. 4 mos. 4ds. In the State yrs. mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Lee Lucas	Former or usual residence Clauly , Va.
(Address) Brunswick Mel	Stouley Date of Burial Date of Burial
Filed 21-1) remble 1930 toa / lucleusles	20 UMPERTAKER Lete & Son Brusurk Mid
If more blanks are needed, address State Rigistrar,	, 16 W. Sarataga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g.. Farmer or Plunter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Spinouer, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foremun, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the er," ctc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a whatever, write None. or given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosynial ferer (the only definite synonym is "Epidemic cerebros. in al meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

V.S.

BUREAU

inges, perilonueum, etc., Carcinona, Sarcona, etc., of (name origin; "Cancer" is less definite; avoid stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anacmia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopmeumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. Whooping approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of theinjury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (Recommendations on statement of cause of death as fracture of skull, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as cough; Chronic and consequences (e. g., sepsis; affection need not be etc. valvular heart The contributory discuse;

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V. S. No. 1

1PLACE OF DEATH	01634 STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH
6	Registration Dist. No. 134
Village or City Emitshing (No. St. Joseph 2FULL NAME Ellen Breuns	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Mouth) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h Malive on Tite 19, 1923,
	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Sistes of Charty particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Pelegiono BIRTHPLACE (State or country) Waary found	Contributory Secondary (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration)
10 NAME OF FATHER James Brewney 11 BIRTHPLACE OF FATHER (State or country) C (State or country)	(Signed) M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State of Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
(Informant) L. Bernard Orndorff.	Where was disease contracted, if not at place of death? Former or usual residence
(Address) Emulaling rud 15 Filed Folo 2/ 1930 M. E. Shuffer	20 UNDERTAKER J. Sharpf J. Emilahung te
If more branks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Spinner, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken laborer, whatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed Foreman, (b) For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation Automobile factory. The material (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

inges, peritonaeum, etc., stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meosles; unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary). (secondary Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "Puerperal septicosmia," "Puerperal peritonitis," etc. "Exhaustion," carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., whon a definite disease "Inanition," "Marasmus," "Old Age," "Shock," approved by Committee on Nomenclature of the (Recommendations on statement of cause of death letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., scpsis, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, or intercurrent) affection need Carcinoma, Sarcoma, etc., of etc. The contributory not be

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PLACE OF DEATH County Frederick	12419 STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No. 144
Village or City Thurmout (No.	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Tiny Parita	Brice tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Of 31, 19230. (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 19830. to OCI 3 19830 that I last saw h 2 alive on Sell' 80 19230
7 AGE If LESS than I day hrs. ds. or min.?	D'
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	med with the mos /2 do.
9 BIRTHPLACE (State or country) Friedk Cs Md.	Contributory Secondary (Duration) 2 yrs, mos ds.
10 NAME OF FRANK Sterry	(Signed) M. D. Oct - 3 19230 (Address) Cheering M.
II BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the lisase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Fellen Proto Brice	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACÉ OF MOTHER (State or Country)	At place of death yes mos ds. State yrs ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea h?
(Informant) Mas Bridge	usual residence
(Address) Llusmond	Lewistown Ces. 4. 19.30
15 Filed Oct - 3. 1938 anna M. Jones	Willhide + aleas Sourmon
If more banks are needed, addres tate Kegistra	r, 16 W. Saratoga St., Balto., Lyquesting V. S. 1.0. 1.

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (0) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemon, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from laborer, Farm loborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestle first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed g ged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons ennner, (b) Cotton mill; (a) Solesman. (b) Grocery; Foreman, (b) Automobile fuctory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). without more precise specification as Doy For persons who have no occupation

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept, ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

> corbolic acid-probably suicide. The nature of the injury, tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meosles; accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is loss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, taken. For VIOLENT DEATHS state MEANS OF INJUNY "Uraemia," "Weakness," etc., when a definite disease Examples: Accidental drowning; Struck by roilway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sorcoma, etc., of Chronic etc. The contributory valvular heart disease; not be

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"	02914
PLACE OF DEATH .	STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH
8++ 1 + 1	Registration Dist. No. 139
Village or City Alale Agriculture	St.: Ward) (If death occurred in a hospital or institu- tion, give lts NAME in- stead of street and
2FULL NAME HOVY 5/2	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. WORLD OR DIVORCED (Write the word)	16 DATE OF DEATH MOYCH 7, 192 3.0 (Month) (Day) (Year)
6 DATE OF BIRTH 01897	17 I HEREBY CERTIFY, That I attended the deceased from 25 1929 to Murch 9 , 1983 0
(Month) (Day) (Year) 7 AGE fLESS than	and that death occurred on the date stated above, at 8.30 P.m. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work Soccupation B OCCUPATION Particular kind of work Particular kind of work	Bulmonary Tuberculosis
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Fatal Julmonary Kernovhage
9 BIRTHPLACE (State or country) Maryland	Secondary (Duftion) Jyrs Jos ds.
FATHER John Briggle	Murch 9.1923 a Address State Sanatorini ma
OF FATHER (State or country) 12 MAIDEN NAME (Country) (Country) (Country) (Country) (Country) (Country) (Country) (Country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal,
of MOTHER of loverse Wang	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
of MOTHER (State or Country) Mary Land.	At place of death yrs. 3 mos. 4 ds. In the 3 2 yrs. 8 mos. 4 ds. Where was disease contracted. 100 ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea h?
(Informant) W-a. Gardner	Former or usual residence 846 W. chayelle ST. Balto 4
(Address) State Sappatorum mel.	Baltimore md. Imknown
15 Filed 3/9/30 192 Registras	M. L. Creager Thurmont
If more blanks are needed, addre.s State Kegistran	, 16 W. Saratoga St., Balto., Gequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic scrvice for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective ci cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Never return "Laborer," "For man," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, worked on may form part of the second statement. For many occupations a single word or term on (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association approved by accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. (secondar) or intercurrent) affection need (Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.:Y Committee on Chronic etc. The contributory valvular heart Nomenclature of the disease;

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Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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Dr. Boooks

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7. E. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, Spinner, (b) Cotton mill; (a) Salesmon. (b) Gracery, (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). gaged in domestic service for wages, as Serum, Cook, Housemoid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housenature of the husiness or industry, and therefore an Civil engineer, business, that fact may be indicated thus; Furmer (to or given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken work, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Physician, Compositor, whatever, write Nonc. to report specifically the occupations of persons enborer, Form laborer, Laborer—Coal mine, etc. Womor At Home, and children, not gainfully em-For many occupations a single word or term on Stationary fireman, etc. But in many For persons who have no occupation Architect, Locomotive engineer

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Meusles (disease use of "Tumor" for malignant neoplasms); (Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all "Inanition, "Dobility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," Whooping cough; Chronic valundar heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n. ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicacomia," "PUERPERAL peritonitis," etc. "Uruemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be "Atrophy," "Collapse," "Coma," "Convulsions, perilonacum, etc., Carcinoma, Sorcoma, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid " "Marasmus," "Old Age," "Shock," Nomenclature of the Measles; etc., of

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH COMPONETE IN	1000	ATE OF MARYLAND TIFICATE OF DEATH
	(1/3)	Registration Dist. No.
Village or City Just villeno.	in Brook	Ward) (If death occurred a hospital or institution, give its NAME is stead of street a number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CE	RTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH	4 1-0 5
Female colored (With the word)	Septembre	(Month) 2 (Day) 192 (Year).
DESCRIPTION 1, PSq	Jug 15 25 192	0.17
(Month) (Day) (Year)	that I last saw h.M. alive	441 40
7 AGE If LESS than I day hrs. or nin.?	and that death occurred on the CAUSE OF DEATH * wa	
(a) Trade, profession or particular kind of work (b) General nature of industry	, Olis-co	lites (Firmestation
business, or establishment in which employed or (employer)	Contributory Secondary	(Duration) Premiorie
(State or country) 10 NAME OF FATHER REAL RESERVED TO THE RE	(Signed)	(Duration)
OF FATHER (State or country)	State the Lisease Violent Causes, state (1)	Causing Death, or, in deaths from Means of Injury and (2) Whether
12 MAIDEN NAME OF MOTHER	Accidental, Suicidal or Homi- 18 LENGTH OF RESIDENC ients or Recent Residents)	E (For Hospitals, Institutions, Tra
13 BIRTHPLACE OF MOTHER (State or Country) Buttusvelle Wd	At place of deathyrsmos	In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of death?	
(Informant) State July (Address) May (all - May	19 PLACE OF BURIAL OR R	1. 1/1 2
15 Filed Self 3 1980 hass H C Hadase	20 UN DERTAKER LESS	ADDRESS ADDRESS Bereals
If more b.anks are needed, addre.s State Registrar	16 W. Saratoga St., Balto.,	Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Spinner, should be used only when needed. As examples: (a cupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, ctc. Womman, (b) Automobile fuctory. The material without more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ezhaustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi ng cough; Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid or intercurrent) " "Coma," "Convulsions, valvular heart discase, affection need not be etc. The contributory

If this certificate is looked over thoroughly and all qu stions abserved in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1 _{PLACE}	70E DEATH
County	TOE DEATH
	, Libral
2FU	LL NAME /
PERSON	NAL AND STA
3 SEX	4 COLOR OR

0	0	0	0	13
н	54	2	6,	0
V	0	~	~	0.

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registratio	- D:	N. 19
,	Registratio	n Dist.	No

Village or City Welly fowel (No.	St: Ward) (If death occurred if a hospital or institu
2FULL NAME Rosie Regua Po	10 10 11 11 11 11
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX Colored Stonale Golored Grand Grand	16 DATE OF DEATH Queg 20, 1930 (Venth) (Day) (Year)
6 DATE OF BIRTH Nov 18, 1911 (Month) (Day) (Year)	that I lest saw h 2 alive on Quy - 170 , 1982
18, yrs. 8 mos. 28 ds. or min.? 8 OCCUPATION (a) Trade, profession or Housework particular kind of work	and that death occurred on the date styled above, at
(b) General nature of industry susiness, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Hemorrhage of Rowel Secondary
10 NAME OF FATHER JOHN J. Porovis 11 BIRTHPLACE OF FATHER (State or country)	(Signed) Olis B. Stown M. D. Olig 70 1930 (Address) About Jown M. D. Wester the Disease Causing Death, or, in deaths from Accidental. Suicidal or Homicidal.
12 MAIDEN NAME Clora Sentens 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmos,ds, Stateyrsmosds Where was disease contracted,
(Informant) Clara Brooks	if not at place of dea.h?
(Address) (Workly Worth	20 UNDERTAKER Powell ralbaugh diberty town
If more bianks are needed, addre.s State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, age. For many occupations a single word or term on tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material yrs). For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentaken. For violent deaths state means of injuny Whooping cough; Chronic Chronic interstitial nephritis, approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature of the

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PLACE OF DEATH	10381 STATE OF MARYLAND
trefucts	CERTIFICATE OF DEATH
County	Registration Dist. No. / 2
Village or City Treducity (No Bain	t Street St.: Ward) If death occurred in a hospital or institution, give its NAME instead of street and sumber.)
2 FULL NAME	admitted.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARKIED, WILDOWSED (Write the word)	(Month) (Day), 192
6 DATE OF BIRTH	IT I HEREBY CERTIFY, That I attended the deceased from
Ser 15.98	that I last saw h American 192
(Month) (Day) (Year)	and that death occurred on the date stated above, atm.
7 AGE O yrs. mos. ds or min. ?	The CAUSE OF DEATH % was as follows:
yrsmosds. ords. or	Still buth
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmos,de,
9 BIRTHPLACE (State or country)	Contributory. Secondary
10 NAME OF THE PATHER	(Signed) M. D.
2 11 BIRTHPLACE	9-1-1923 (Address) Vilant
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidai or Homicidal.
of MOTHER John My Johnson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Vn augland	At place of death. Dyrs. 2mos. da. In the State,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Thornay Hubery	Former or usual residence.
(Address) Freenik my	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 11-Sold as Dal McFul	20 VADERTARER ADDRESS
Filed 1 5 Octo 1950 Sour Mulling Registrar	Monte you Bunswick med
more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requestive V. S No. 1.

VECTA BESTARD

(Approved by U. S. Census and American Public IIealth Association.)

state occupation at beginning of illness. If retired from or given up on account of the disease causing prath to report specifically the occupations of persons enployed, as At school or At Rome. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (re Housemaid, etc. gaged in domestic service for wages, as Scrvant, Cook laborer, Farm laborer, Laborerer," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day If the occupation has been changed -Coal mine, etc. Wom-The material

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept of term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

Ul quences (e.g., sepsis, tetanus) may be stated under the head of "contributory." Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and consement of cause of death approved by Committee on conditions, such as "Asthenia," "Anaemia" Poisoned by carbolic acidtrain-accident: Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or State cause for which surgical operation was under-"PUERPERAL septicaemic." "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inamition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticu," vulsions." symptomatic), "Atrophy," "Collapse," "Coma," "Conary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); Measles; inges. peritonacum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal Chronic valvular heart discase; Carcinoma, Sarcomu, etc., of (Recommendations on state-"Elcart Example: Measles -probably suicide. failure." "Haemor-The contributory The na-(discase (merely (second-

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PLACE OF DEATH	10382 STATE OF MARYLAND
County	Registration Dist. No. 2
Village or City French (No. Stein B)	A Street and Sumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OF DIVORCED (Write the word)	(Month) (Day), 1970
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h live on
yrs. Omos. ds. or Omin. ?	The CAUSE OF DEATH & was as follows:
(a) Trade, profession or particular kind of work	S Low Vocation
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosde.
BIRTHPLACE (State or country)	Contributory. Secondary
10 NAME OF THE BOOKS	(Signed) 6.5 / D M.D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.
a of MOTHER John w. Johnson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfents, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) \to anyland	At place of death Dyrs. Thos. Ada. In the State, Dyrs. O. mos. da. Where was disease contracted,
14 THE ABOVE IS TAUE TO THE BEST OF MY NOWLEDGE	Former or
(Informant) Turus Turus	usual residence
(Address) Trebusk wh	new Knowlle my Dept 161230 20 ANDERTAKER ADDRESS
Registran	16 W. Baratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public IIealth Association.)

gaged in domestic service for wages, as Servent, Cook, definite salary), may be entered as Housewife, House Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore au sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of capation is very important, so that the relative healthstate occupation at beginning of illness. If retired from or given up on account of the disease Causing DEATH ployed, as At "chool or At home, Care should be taken work, or At household only (not paid Housekeepers who receive a on at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The queswhatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enworked on may form part of the second statement Civil engineer, Stationary firemen, etc. But in many Statement of Occupation Precise statement of oc For many occupations a single word or term on Home, and children, not gainfully em--Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the wine disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie corchrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"

...... (name origin; "Cancer" is less definite; avoid head of "contributory." can be ascertained as the cause. Always qualify all rhage," "Inunition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" causing death), 29 ds.; Bronchopneumonia use of "Tumor" for malignant neoplasms); Meastes; unqualified, is indefinite); Tuberculosis of lungs, men quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness." etc., when a definite disease vulsions," ary), 10 ds. stated unless important. Chronic interstitial nephritis, etc. The contributory Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on Poisoned by carbolic acid-probably suicide. The naand qualify as accidental, suicidal, or Homicidal, or State cause for which surgical operation was under-"Pueneeral septicuem.a," "Puereeral peritonitis," etc. (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.) Never report more symptoms or (Recommendations on state-Example: Measles (disease "Соша," (merely terminal (second. "Con-

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No.1

PLACE OF DEATH ,	STATE OF MARYLAND	
County or rederick	CERTIFICATE OF DEATH	
	Registration Dist. No./ 3 9	
Atata Acade Tomina	ma	
Village or City Alale San Con Court	St.: Ward) (if death occurred in a hospital or institu-	
2FULL NAME HELEN Y. B	tion, give its NAME in- stend of street and number.)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH J 192 30 (Month) (Day) (Year)	
6 DATE OF BIRTH WWW 24 1894	HEREBY CERTIFY, That I attended the deceased from	
(Month) (Day) (Year)	that I last saw h Malive on Jan 3 198.30	
7 AGE If LESS than	and that death occurred on the date stated above, at 10:30Am.	
35 mg / dayhrs.	The CAUSE OF DEATH * was as follows:	
yrs. mos. ds. or min.?	R Daniel Library Donin	
(a) Trade, profession or	The mondy ruce 200	
particular kind of work O CA PANNE O YOU CO.	0	
business, or establishment in which employed or (employer)	(Duration)yrsmosds.	
	Contributory	
9 BIRTHPLACE (State or country) Waryland	Secondary (Durkion) De fisher des	
10 NAME OF FATHER PETER Brosman	(Signed) Lewar S. Anaffer M. D. Jeb 1 1983 and to unime	
OF FATHER (State or country) & reland.	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	
of MOTHER Ownie Smith	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-	
13 BIRTHPLACE. OF MOTHER (State or Country)	At place of deathyrs mos 22 ds. In the 35yrs mos 7 ds.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?	
(Informant M. a. Yardner.	Former or usual residence 1506 N. Caroline St. Ballo. mi	
(Address) State Santgrum md.	Balmore ma DATE OF BURIAL BALL MANNEY	
15 Filed 7/30 192 / Cla	20 UNDERTAKER ADDRESS M. J. (10440)	
Registral	16 N/ Separate St. Balta Fraguesting V. S. (so. 1)	
If mora b.anks are needed, addre.s tate Kegistrar, 16 W. Saratoga St., Balto., Kequesting V. S. Ko. 1.		

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective cf cupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomolive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,"

> approved by Committee on Nomenclature of the atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," (secondar/ or intercurrent) affection need not be st_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) causing death), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Always qualify all Examples: Accidental drowning; Struck by railway train— Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJU.Y resulting from childbirth or miscarriage as Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the duta is essential and must be obtained hefore the certificate is permanently fied.

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. S.

PLACE OF DEATH	6419 STATE OF MARYLAND
County prescrie	CERTIFICATE OF DEATH
/ rup	Registration Dist. No. 136
Village or City Will (No	St.: Ward) (If death occurred is a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
MARRIED, WIDOWED, COR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
tile & onn	192 1 to 192 1
(Month) (Day) (Year)	that I last saw har alive on 1990
7 AGE / [if LESS than	and that death occurred on the date stated above, at 113 11 ni
59 yrs. 11 mos. 2 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or	antie ryme takin
particular kind of work / O recup	
(b) General nature of industry business, or establishment in	2 - 7
which employed or (employer)	(Duration)yrs mos ds
9 BIRTHPLACE (State or country)	Contributory Secondary
FATHER Richard Offend	(Signed) 7. Cly M. M. D. M. D.
M 11 BIRTHPLACE	(Address) 200 ja him
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violett Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER wey page	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or country)	of death yrsds. State yrsds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) John Byrun	Former or usual residence
(Address) Lun Ich	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
15 Filed Famy 4 1929 T. Cly la Mording	20 UNDERTAKER T. P. Rica Tour
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health. Statement of Occupation-Precise statement of oc-Spiener, (b) Cotton mill; (a) Salesman. definite salary), may be entered as Housewife, Houseweek, or At Home, and children, not gainfully emen at home, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scruant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed " etc., without more precise specification as Day Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwho are engaged in the duties of the (b) Automobile factory. The material For persons who have no occupation (b) The ques-"""Deal-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

stated unless important. Example: Measles (disease inges, pcriionaeum, etc., Carcinomu, Sarcoma,, eausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonitis," clc. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping can be ascertained as the cause. Always qualify all tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State eause for which surgical operation was underdiseases resulting from childbirth or miscarriage as approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway train American Medical Association.) (Recommendations on statement of cause of death (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal eondiinterstitial nephritis, cough; Chronic etc. valvular heart disease; The need contributory Measles etc., of not be of the

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V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Treclerch	CERTIFICATE OF DEATH
e, o	Registration Dist. No. /3/
Village or City Frederick (No. Santel	e Architules Ward (If death occurred in
/ mage of city	tion, give its NAME in-
2FULL NAME JULICE 1800	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, Wildow OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
may \$1,1876	Merch 25 19230 to 19230, 19230
(Month) (Day) (Year)	that I last saw h La alive on 1923.
7 AGE If LESS than	and that death occurred on the date stated above, at m,
53 yrs. 11 mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION / /	Cancer O Stomachin
(a) Trade, profession or four / Kleffer	
(b) General nature of industry	14
business, or establishment in which employed or (employer)	(Duration)ds.
9 BIRTHPLACE (State or country) May land	Contributory Secondary Digation yrs
10 NAME OF GROUGE W/till	(Signed) M. D.
of FATHER (State of State of Country) Maryland	
tu (State of County)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Susan Brown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) May land	At place of deathyrsmosds, Stateds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
W. Brown	Former or usual residence wederick. Manyleing;
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Have your andley affel 12. 10 B.
15 Filed 12 aly 1980 day welcusty Registry	about this Grederich
If more b.anks are needed, addre.s : tate registran	, 18 W. Saratoga St., Balto., Lequesting V. S. Lo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery. (a) Foreman, (b) Automobile factory. The materia. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, the first line will be sufficient, e.g., Farmer or Planter, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, worked on may form part of the second statement. For many occupations a single word or term on Compositor, mpositor, Architect, Locomotive engineer, Stationary freman, etc. But in many Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; tctanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJU.:Y State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway train-American Medical Association.) approved by Committee on Nomenclature of the "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, " "Marasmus," "Old Age, " "Shock, Chronic etc. The contributory valvular heart disease;

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PLACE OF DEATH	STATE OF MARYLAND
County orederick	CERTIFICATE OF DEATH
0+10+.	Registration Dist. No. 474
Village or City State Sano alow	and Mt.
Village of City 1000000000000000000000000000000000000	St: Ward) a hospital or institu- tion, give its NAME is
2FULL NAME SOME UM	M. Brown steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Single, Milowed. OR DIVORCED (Write the word)	16 DATE OF DEATH May 21, 19230 (Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
Nov. 29, 1906	1927. to May 21, 1920,0
(Month) (Day) (Year)	that I last saw h Malive on May 2 19 3
7 AGE [If LESS than	and that death occurred on the date stated above, atm,
3 yrs. 5 mos. 2 de. or min.	The CAUSE OF DEATH * was as follows:
a OCCUPATION	Rudomonary Lutter las
(a) Trade, profession or particular kind of work	- Taylands
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Durstion)yrs,mosds,
9 BIRTHPLACE	Contributory
(State or country)	Secondary Dursilon D Are
10 NAME OF O	MOLLINAT & Shallon
FATHER LLO. P. Brown	(Signed) 1 CO CO TO TO TO THE M. D.
0 11 BIRTHPLACE OF FATHER	May 2 19230(Address) (Ce le) ana louisse
Z (State or country) / Wary and.	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER She abeth stuart	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place
OF MOTHER (State or Country) Mary and	of deathyrsds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, who was disease of dea.h?
wa. Gardner	Former or usual residence 5) 6 Bedford St. Cumberland
(Address) State Sang Topum Mo	DATE OF BURIAL OR REMOVAL DATE OF BURIAL CONTROL
15 Filed 5/2/ 1923 Was	ao undertaker ADDRESS who.
Registras	M-L. Creager murmont
If more banks are needed, addre.s Ltate Kegistras	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation er," etc., Without more process. I aborer, Coal mine, ctc. Wom-laborer, Farm laborer, Laborer—Coal mine, ctc. Wom-laborer, Laborer—Coal mine, ctc. Wom-laborer—Coal mine, ctc. Spinner, (b) Cotton mill; (a) Salcsman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g. Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to e.ch and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Ilousewife, Ilouseadditional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. Foreman, (b) Automobile factory. The material to know (a) the kind of work and also (b) the For many occupations a single word or term on Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

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PLACE OF DEATH	STATE OF MARYLAND
County Tseffulite WITSIR SORPORAT	CERTIFICATE OF DEATH
6	Registration Dist. No. 14/
Village or City (No	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWES MARCH OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
(Month) (Day) (Year)	17 I HEREBY CERTIFY, That Lostended the deceased from 1930 to 1930 to 1930 that I last saw here alive on 1935
7 AGE # Tyrs. # mos. If LESS than day hrs. 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	The CAUSE OF DEATH * was as follows:
which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, if not at place of death? Former or usual residence
(Address) Brunnik Mil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS ADDRESS

If more bianks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Filed ahrs.

S. No.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specimeauou as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid *Househeepers* who receive a definite salary), may be entered as *Housewife*, *House*additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer free or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed For many occupations a single word or term on especially in industrial employments, it is neces-Stationary fireman, etc. But in many Locomotive engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be ss important. Example: *Measles* (disease etc. The contributory valvular heart disease;

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V. S. No. 1

	PLACE OF DEATH	01626 STATE OF MARYLAND
Co	ounty. The desicle	CERTIFICATE OF DEATH Registration Dist. No/2/
Villag	ge or City Montevue Horogetal	St: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street an
	2FULL NAME Mary Brown	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE)	X 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DA	TE OF BIRTH Unknown, I	I HEREBY CERTIFY, That I attended the deceased from 1930 to 1930 that I last saw her alive on 1950
7 AG	(Month) (Day) (Year) E	and that death occurred on the date stated above, at // D. M. m.
(a) part (b) bus whi	CUPATION Trade, profession or ticular kind of work General nature of industry siness, or establishment in ich employed or (employer)	Septicerus VIS. mos 6 de Contributory Ery supelio
	TO NAME OF FATHER PLANER OF FATHER State or country) I last a sum	(Signed)
PARE	12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State of Country) / M. Brusius	Accidental, Suicidal of Homeidal. 18 L'INGTH OF RESIDENCE (For Hospitals, Institutions, Trunsients or Recent Residents) At place of deathyrs
	(Informant) James. a. Jones Supt. (Address) Manterue Haspital	Where was disease contracted, which is not at place of dea h? Former or usual residence was developed and a place of BURIAL OR REMOVAL DATE OF BURIAL FOUNDERTAKER ADDRESS
15 E	Filed 7 - Feling 1980 to Juliendy Registras	10 Bot 1) Him Tresenden

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quoscupation is very important, so that the relative healthwhatever, write None. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealadditional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every person, irrespective cf Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a Physician, Compositor, Architect, report specifically the occupations of persons en-For many occupations a single word or term on ., without more precise specification as Day Farm laborer, Laborer—Coal mine, etc. Wom-Locomolive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal menin_itis"); Diphtheria (avoid use of "Croup"); s, inal menin_itis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "E. haustion," "Heart lauure, "Action of Marasmus," "Old Age," "Shoot," st.ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. For VIOLENT DEATHS state MEANS OF INJULY diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite dizease Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Com2," "Convulsions, Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLASE OF DEATH	STATE OF MARYLAND
control (@ _ CERTIFICATE OF DEATH
	Registration Dist. No. 137
1 Smarello 1	
Village or City	St.: Ward) (If death occurred in a hospital or institu-
Collinate (a) France	stead of street and
FULL NAME 17 6 MM	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE	16 DATE OF DEATH
WIDOWED.	Jeff (, 1920
6 DATE OF BIRTH	(Month) (Day) (Year)
6 DATE OF BIRTH	192 to 192
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS than I day hrs.	
yrs. mos. ds. or min.?	
& OCCUPATION	1 mm/2 Toping
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrs mos ds,
9 BIRTHPLACE	Contributory Secondary
(State or country And Con G	(Dargeton) yes mos ds.
10 NAME OF DIE	(S) Am X Massey M. D.
FATHER Juntuly Immira	1 V-1002- VI
G H BIRTHPLACE	State the Disease Causing Death, or, in deaths from
Z (State or country)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Momicidal.
TO 12 MAINTENNAME OF MODELER CO. P. 11 MAINTENNAME OF MODELER CO.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
a BIRTUPLACE MAN FULLY	ients or Recent Residents)
OF MOTHER 1 TOO 1 1 1 2 - CL	At place of death yrs. mos. ds. State yrs. inos. ds.
(State of columnty)	Where was disease contracted, if not at place of dea.h?
14 THE ABOVE IS TRUE TO THE BLOT OF MY INOWLEDGE	if not at place of death?
(Informant) Lity Commhaux	usual residence
Of the Reservice	19 PLACE OF BURIAL OR REMOVAL
(Address) // MAY /) MUSE	Geary Ham Sept 29th 1930
Filed Jehr 20 1920 Water the	20 UNDERTAKER ADDRESS
Pegistrar	Fowell + allaugh Lefertstone
If more blanks are needed, address state Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer factived 6 1978). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a definite salary, may be entered as Housewife, House en at home, who are engaged in the duties of the er," etc., Spinner, (b) Colton mill; (a) Salesman. (b) should be used only when needed. As examples: (o) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective or fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Howsemaid, etc. If the occupation has been changed to report specifically the occupations of persons enlaborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foremon, or At Home, and children, not gainfully em-For many occupations a Furm laborer, Laborer-Coul mine, etc. without more precise specification as Day (b) Automobile factory. The materia single word or term on Grocery; Wom-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Dishilheria avoid use of "Croup? Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia")

tetanus) may be stated under the head of "contributory." "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL seplicacmia," "PUERPERAL peritonibis, can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs; menperitonaeum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as cough; Chronic The nature of the injury, etc. The contributory valvudar heart diseose;

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	13776 STATE OF MARYLAND
County Frederich	CERTIFICATE OF DEATH
County	Registration Dist. No. 132
m. 110+	
Village or City /// (No	St.: Ward) (If death occurred in a hospital or institu-
land a	tion, give its NAME in- stend of street and
2FULL NAME Joseph Jume	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OF RACE 5 SINGLE, MARRIED, MARRIED,	16 DATE OF DEATH NOV. 12 1930
MI D. WIDOWED.	······································
Male 12 (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 Oct 2 1928 to Mov 1 1925 d,
Vec 23, 1848	7
(Month) (Day) (Year)	that I last saw h Maralive on MAV 11 , 1920,
7 AGE IFLESS than	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
82 yrs. 10 mos. 17 ds. or min.?	The CAUSE OF DEATH - Was as follows:
BOCCUPATION	Carcus qua y don
(a) Trade, profession or particular kind of work	1 30
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrsmosde.
	Contributory
STBIRTHPLACE (State or country)	(Duration)yrs/mosds.
I 10 NAME OF	Delay as Horton Was
FATHER CEMMIN SAUMMER	(Signed) A 30 Marsh 1 Xarra
IN IL BIRTHPLACE	192 (Address)
CState or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Meana of Injury and (2) Whether Accidental, Suicidal or Homicidal.
TI 12 MAIDEN NAME	Accidental, Suicidal of Homicidal.
a of MOTHER May Mayoul Meals	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of death yrs. mos. ds. State yrs. mos. ds.
(State or Country)	When are disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
Lange of Brunner	usual residence
(Informant) full (+ B)	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 704 Masker & Hallistoll	Dukelsville, 1/6, 1990
15 - 7 Th 14 - A Marine	20 UN DERTAKER
Filed / 100 / 9 190 D. Town Questinas	111 Sadhel Middletoury
If more banks are needed, address tate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in demostic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Housemaid, etc. Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the If the occupation has been clanged mill; (a) Salesman, 6 Grocery,

Statement of Cause of Death—Name, first, the DISEASE (**VUSING DEATH (the primary affection with respect to time and causation), using always the same acceptance of term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebross, ihal meningitis"): Diphtheria (avoid use of "Croup"); Typhod fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

الروا وليالية بالطهواج

contributory." Papproved by Committee on Nomenclature American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Agc," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway train taken. For violent Beaths state Means of Injuny can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; nephritis, etc. The contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH ACTLY, 0 proper PERSONAL AND STATISTICAL PARTICULARS 10 4 COLOR OR RACE 5 SINGLE, MARRIED. 3 SEX eq WIDOWED OR DIVORCED (Write the word) BINDING 6 DATE OF BIRTH (Month) 7 AGE FOR 8 OCCUPATION RESERVED (a) Trade, profession or particular kind of work plain (b) General nature of industry business, or establishment in which employed or (employer)..... 9 BIRTHPLACE (State or country) M MARGIN very 0 10 NAME OF FATHER 0 ARENTS 11 BIRTHPLACE Every item of Information s CIANS should state OAUSE statement of OCCUPATION OF FATHER (State or country 12 MAIDEN NAME OF MOTHER 0 13 BIRTHPLACE OF MOTHER (State or country)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 136

2	St; Ward)	If death occurred in a hospital or institu- ion, give its NAME in- rtead of street and number.)
-	MEDICAL CERTIFICATE	OF DEATH
	16 DATE OF DEATH	4- 20
i	(Mouth)	(Day) , 19 3 0
	17 I HEREBY CERTIFY, That I att	ended the deceased from
И	1923 Ao	
•	that I last saw h Annalive on	- 4 ,193
	and that death occurred on the date stated	above, at
I	The CAUSE OF DEATH % was as follows:	
	Endocar	17
-	marca	
		······
-	(Duration)	yrsds
I	Contributory. Secondary	
I	(Duration)	yrs
	(Signed) 65 6 A	W/K M.D
	2 - 61923 @ddress) Jr	dun of he
	*State the Disease Causing Death, Violent Causes, state (1) Means of Inju Accidental, Suicidal or Homicidal.	
	18 LENGTH OF RESIDENCE (For Hospit	tals, Institutions, Trans
l	ients, or Recent Residents) At place	
	of deathyrsmosda. State,	yrsmosda
	Where was disease contracted, if not at place of death?	phonosopsasserace/cocomicedsanescopy ing. Inde
-	Former or usual residence	
	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL

MY KNOWLEDGE

(Day)

(Year)

If LESS than

I day hrs.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Cure should be taken work. or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-(a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) uature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on yi's.). For persons who have no occupation without more precise specification as Day

Ease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Dpidemie derebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."): Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

the certificate is permanently filed

ence. All the data is essential and must be obtained before

If this certificate is looked over thoroughly and all questions unswered in detail, it will prevent further correspondhead of "contributory." (Recommendations on statequences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consediseases resulting from childbirth or miscarriage as ean be ascertained as the cause. conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or Nomenclature of the American Medical Association.) ment of eause of death approved by Committee on Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or "PUERPERAL septicuenic," "PUERPERAL peritonitis," etc. "Uraemia," "Weeknes." etc., when a definite disease rhage." "Inunition." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion," "Heart failure." "Haemor vulsions." symptomatie), "Atrophy," "Collapse," causing death), 29 ds.; Bronchopneumonia stated unless important. (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Meastes;(name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, mentaken. For VIOLENT DEATES State MEANS OF INJURY State cause for which surgical operation was under-Chronic interstitial nephritis, etc. The contributory Whooping cough; "Debility" Accidental drowning; Struck by railway Chronic valvular heart ("Congenital," "Semile," etc.), Curcinoma, Sarcoma, etc.. of Example: Measles "Anaemia" Always qualify all "Coma," "Con-The nadiscase; terminal (seeond-(disease (merely

	PLACE OF DEATH	STATE OF MARYLAND
	County et rederick	CERTIFICATE OF DEATH
	11-11	Registration Dist. No. 134
	Wate Sama Torus	MA
	Village or City / S (a C) A W No. CO VIII	a hospital or institu-
	2FULL NAME James H.	Suchanan stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH FOLA DO TOP TO
	male white (Write the word)	(Marsh) (Park) (Year)
	6 DATE OF BIRTH	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
	anil 20 1895	2 Nov 25 192 9 to Feb 22, 198 3.0
	(Month) (Day) (Year)	that I last saw h Malive on Feb 22, 198 3, 0
	7 AGE [If LESS than	and that death occurred on the date stated above, at
	3 7 yrs. / 0 mos. ds. or min.	
	B OCCUPATION b occupation	Fulgar magnet when an India
	(a) Trade, profession or particular kind of work	1 months of more and the
Course	(b) General nature of industry	
	business, or establishment in which employed or (employer)	(Durstion)yrsmosds.
2	9 BIRTHPLACE (State or country)	Contributory Secondary
	10 acomod prog	(Duration) free moss de.
	FATHER AND BURGE	(Signed) & OWW A Mafter M. D.
	11 BIRTHPLACE	TCTEL 22 1983 (Address) State Sanalown
	(State or country) Balw Md.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER MANY MULLS	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE	At place 27. In the 37 /0 2,
	(State or Country) Bally . Md.	of death yrs Mos. Ads. State yrs mos. ds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, which was disease contracted, which it not at place of dea h?
	(Informant) W.a. Gardner	Former or usual residence 219 mon M. Balla. Mo
	At to Me tone - M	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Will Company and Mills	3) allmore Ma., 19
'	15 Filed 77 30 192	20 UNDERTAKER ADDRESS M.
	Registral	10 V Same & Falls I Survive V S to 1
	If more banks are needed, addre.a Ltate kegistra	r, 16 W. Saratoga St., Balto., Kaquesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., without more precise specimeavant laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salcsman, additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective ci whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons en-Physician, Compositor, Architect, Foreman, (b) Automobile factory. The material For many occupations a single word or term on For persons who have no occupation Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,"

> (Recommendations on statement of cause of death st_ted unless important. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "E.haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondar) or intercurrent) affection need not be st-ted unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-Chronic vauvuu.
>
> menhrilis, etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and a'l qu'estiona: answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

	PLACE OF DEATH	12420 STATE OF MARYLAND
	County felderek	CERTIFICATE OF DEATH
	Village or City Frederick (No. 812)	Market Registration Dist. No. 3
	Things of City Control of the City Control of	St.: Ward) (If death occurred in a hospital or institution, give its NAME inetend of street and
3 \	2FULL NAME // avg aref	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
200	3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH Oct 13, 19830. (Month) (Day) (Year)
2	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
0	Der. 21 1865	Dug. 10,1928. to Oct 13,1930
	(Month) (Day) (Year)	that I last saw herealive on QLT 13, 1930
3	7 AGE IFLESS than	and that death occurred on the date stated above, at 10:17a.m.
20	yrs. mos. l day hrs. or min.?	The CAUSE OF DEATH * was as follows:
2	B OCCUPATION (a) Trade, profession or	Chronic Interstitual
5	particular kind of work	nesserities
	(b) General nature of industry business, or establishment in	(Duration) 2 - yrs. mos de.
5	Thich employed or (employer)	Contributory
2	9 BIRTHPLACE (State or country)	Secondary
	10 NAME OF FATHER	(Signed) (Durstion) yrs ds.
2	M 11 BIRTHPLACE	Det 13 1930(Address) Inedericle Ind
	OF FATHER (State or country) 12 MAIDEN NAME	*State the I'is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER to Bradley	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER	At place In the P. I o
	(State or Country)	of death
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
	(Information) · E. Buckerylean	usual residence VI L' le utilité de retain
	(Address) Systemile Md.	Naylorsville Med Der 1930
	Filed 3 Oct 1980 John McCurly. Registrar	Wear you Superille
	If more blanks are needed, addre.s State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. Vo. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. For many occupations a single word or term on Compositor, Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect
to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal
fever (the only definite synonym is "Epidemic cerebiospinal meningitis"); Diphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid Pneumonia");
Lobar pneumonia, Bronchopneumonia ("Pneumonia");

American Medical Association.) stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Whooping cough; peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the details essential and must be obtained before the certificate is permanently filed.

v 6 193

BINDING RESERVED MARGIN

(Approved by U. S. Census and American Fublic Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g.. Farmer or Flanker, Physician, Compositor, Architect, Locomotive engineer, tion applies to e ch and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement.

Never return "Laborer," "For man," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal menin_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (secondary or intercurrent) affection need not be st.ted unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "E.haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Inamorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, State cause for which surgical operation was under-"Atrophy," "Collapse," "Com2," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	PLACE	OF DEAT	H			
C	ounty Tru	dere	ek_			
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	18 BIRTHPT OF MOTI (State of	WWANT //	War	ylan	L	A
4 Tr	(Informant)	TRUE TO	July July July July July July July July	y au	sowledge	if i
F	iled Ma	1919 192	Vicie	uff. Flas	Cover	20

05537 STATE OF MARYLAND CERTIFICATE OF DEATH

	740 Registration Dist. No. / 38
1	Buly Saulastine Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	MEDICAL CERTIFICATE OF DEATH
-	16 DATE OF DEATH
1	(Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended the deceased from
	1925, to 7 - 1925a,
	that I last saw h. alive on 2
	and that death occurred on the date stated above, at 1: 30
1	The CAUSE OF DEATH & was as follows:
•	luchal apoply
	.5 .
	(Duration) yrs. mos de,
	Secondary Securities
	(Duration)yrsmosda.
	(Signed) Sunge St. Riggo M. D.
	10 1/1/11
	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether
	Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
1	ionts, or Recent Residents)
1	At place of death 2. yrs. 4. mos. 13 da. In the State, 5. yrs. 4. mos. 13 da.
	Where was disease contracted. Museuma - Musquine if not at place of death?
	Former or usual residence. Vuenea a Musquela
	19 PLACE OF BURIAL OR REMOVAL / DATE OF BURIAL
	aslicatore ta May 20 1830
	20 UNDERTAKER ADDRESS
	C. E. Cline & Son Frederick Um
	16 W. Saratoga St., Balto, Requesting V. S No. 1

" more blanks are needed, address State Registrar

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupationbusiness, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House er," etc.. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerworked on may form part of the second statement. Spinner, (b) Cotton mitl; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and sary to know (a) the kind of work and also (b) the (a) Foreman, (b) Automobile factory. The material Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many tion applies to each and every person, irrespective of findess of various pursuits can be known. The ques enpation is very important, so that the relative health-Statement of Occupation - Precise statement of oc For many occupations a single word or term on without more precise specification as Day -Coal mine, etc. Wom-As examples: (a) therefore an

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid phenmenia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia?")

ment of cause of death approved by Nomenclature of the American Medical Association.) head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," Poisoned by curbolic acid—probably suicide. Examples: and qualify as Accidental, suicidal, or homicidal, or taken. For violent duaths state means of injury State cause for which surgical operation was under-"Puerperal septicucmia." "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weekness," etc., when a definite disease "Dropsy," "Exhanstion," "Heart failure." "Haemorvulsions," "Debility" ("Congenital," "Senile," etc.), ary), 10 ds. Never report more symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; inqualified, is indefinite); Tuberculosis of lungs, men-...... (name origin; "Cancer" is less definite; avoid -accident; Revolver wound of head-homicide; Accidental drowning; Struck by railway (Recommendations on state-Example: Measles (disease "Anacmia" The contributory Committee on (second-(merely

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No. 1

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NB

PLACE OF DEATH	05538 STATE OF MARYLAND
County Friderick	CERTIFICATE OF DEATH
Y While the Co	Registration Dist. No. 12
Village or City Tresler CK (No. Fredh 2FULL NAME DANSON BUTCH	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male while Single, Married, Wildowed. Male while (Write the word)	16 DATE OF DEATH 2007 , 19830
6 DATE OF BIRTH	17 / I HEREBY CERTIFY, That I attended the deceased from
about 32 400,1	upril 2/ 1930. to may 7, 1930.
(Month) (Dy) (Year)	that I last saw h m alive on may 1980,
7 AGE If LESS than	and that death occurred on the date stated above, at 10 gem.
about 32 yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
OCCUPATION () Trade, profession or particular kind of work	Labor preumonia
(b) General nature of industry	110001100m (1,100001) 111000011000011100010000000000
business, or establishment in which employed or (employer)	(Duration) × yrs × mos /9 de,
9 BIRTHPLACE (State or country)	Centributory Secondary (Duration) X yrs. 1 mos ds.
10 NAME OF FATHER James Pirals	(Signed) M. M. D.
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Cencio Cusan	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	ients or Recent Residents) At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
(Informant) Hames Biels	Former or usual residence Dickerson my
(Address) Michaela	Trederick Mt Clint May 9., 1936
15 Filed & Ludy 1980 Da & McChule	20 UNDERTAKER ADDRESS N. J. Hillow Same Ramenelle
1 more b.anks are needed, addre.a Ltate hegistrar	, 16 W. Saratoga St., Balto., Acquesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective cf whatever, write None. tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation As examples: (a)

Stetement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: **Lerebros pinal fever** (the only definite synonym is "Epidemiz cerebros inal menin_itis"); **Dinhtheria** (avoid use of "Croup"); **Typhoid fever** (never report "Typhoid Pneumonia"); **Lobar pneumonia, Bronchopneumonia** ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anacmia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondar or intercurrent) affection need not be st.ted unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-American Medical Association.) "Atrophy," "Collapse," "Coma," perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic valvular heart disease, etc. The contributory " "Convulsions,

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refully supplic In plain termi rtant, See ins
Should be car E CF DEATH is very impor
Information state CAUS
N. BEvery Item of Information should be carefully supplied. ACE should CIANS should state CAUSE CF DEATH in plain terms so that it may statement of OCCUPATION is very important, See instructions on ba
mi

V. S. No. 1

	PLACE OF DEATH County Tudenick,	02915 STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist. No. 147
Vi	illage or City Flance 4. (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
	2FULL NAME Sarah a. B.	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Maniel, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH arch 2324, 1930 (Month) (Day) (Year)
6	DATE OF BIRTH Jany 2 292, 1873	17 I HEREBY CERTIFY, That I attended the deceased from Much 2319, 1920, that I last saw her alive on March 22, 1930,
7	AGE (Month) (Day) (Year) If LESS than I day hrs. was, 24 ds. or min.?	9 M
	OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	
X	business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9	BIRTHPLACE (State or country) Manufault.	Contributory Secondary (Duration)
	10 NAME OF Joseph J. Cain,	(Signed) Enect P, Rook M. P. March 23, 193 Q (Address) New Market, Mg
ENTS	(State or country) Maryland.	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAR	OF MOTHER MANAGERY TANDEN M	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country) Manyland.	At place of deathyrsmos,ds. In the Stateyrsmosds.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h? Former or,
	(Informant) Sufus H. Bundelle RAGITESS) J. M. Auig, Med.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Marking Kapello eurty Mar. 25, 21930
15	Filed Man 24 191 30	20 UNDERTAKER ADDRESS ADDRESS M. M. Matty Mary field md.
	If more banks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more process. The laborer, Farm laborer, Laborer—Coal mine, etc. Womlaborer, etc. W Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The queswhatever, write None. or given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of worked on may form part of the second statement. or At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, Chronic ," "Coma," "Convulsions, etc. The contributory affection need valvular heart disease; Nomenclature of the not be

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	PLACE OF DEATH County Frederick	STATE OF MARYLAND CERTIFICATE OF DEATH
	h. / 1	Registration Dist. No. 140
	Village or City Mew MuchwayNo	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCES Low (Write the word)	16 DATE OF DEATH Fel. 26, 1930 (Month) (Day) (Year)
	6 DATE OF BIRTH OCL, 17, 1858 (Month) (Ddy) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 18 26 1929 to 12 2 1930, that I last saw W. V. alive on Ill. 26 1930,
	7 AGE If LESS than day hrs. ds. or min.?	and that death occurred on the date stated above, at 7
	(a) Trade, profession or particular kind of work	aslerio-Aclesons
	(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Cerebral bullotran Secondary (Durstion) yrs. mos ds. (Signed) Mand Second M. D. Hel 26 1930 (Address) Selour, M.D.
	OF FATHER (State or country) Williams of Mother Mary Ellen Torney	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of deathyrs
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(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g.. Farmer or Planter, tion applies to e.ch and every tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. or given up on account of the DISEASE CAUSING DEATH, Foreman, For many occupations a single word or term on person, irrespective cl Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E.haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal pertionitis," etc. can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar j or intercurrent) affection need not be Whooping cough; (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underapproved by Committee on Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi Chronic valvular heart disease; and consequences (e. g., sepsis, etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1.

N. B.

	PLACE OF DEATH Within the Corpora	(74a)
C	ounty Fulural Within the Corpora	
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	2 FULL NAME Lullus Columbus	Jula
	PERSONAL AND STATISTICAL PARTICULARS	
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	10 NAME OF Jun X. Bushin	(Signed)
9	H BIRTHPLACE (1)	9
ENT	(State or country) Fuluele County W	Viole
PAR	OF MOTHER Lichel Burdelly	Accid
	13 BIRTHPLACE OF MOTHER (State or country) hurulgoning les. Wil.	At place of death
14 T	THE ABOVE IS TRUE TO THE BEST OF ME KNOWLEDGE	Where wa
	(Informant) Mr. L. C. Buskl	Former or
	Δ	19 PLAC
15	(Address) 3076. 3rd. St., Frederick	mt.
	127. Seph 1930. A. Frag. mc Culy	20 UND
	Registrar /	m. Y

" more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. 8 No. 1.

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2 1	Lion Dist. 140,
St: Wa	ard) (If death occurred in a hospital or institu- ilon, give its NAME in- etead of street and
Supe	number.)
MEDICAL CERTIFICA	TE OF DEATH
16 DATE OF DEATH	
(Month	- 23 - , 1980
of rel 1918, to A	attended the deceased from
that I last saw have alive on . Qu	11 01- 0.
and that death occurred on the date s	tated above, at //
The CAUSE OF DEATH & was as follow	was .
Cerebral Op	spleshy
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(Duration)	- / de
Contributory alleresceles	. 1011
Secondary Nepalatic Cory	
(Duration)	, 5. yrs. mod de.
(Signed) Serge A. May	7/7
9 2 5 1970 (Address)	commence red.
*State the Disease Causing D. Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	eath, or, in deaths from Injury: and (2) whether
18 LENGTH OF RESIDENCE (For I	Iospitals, Institutions, Trans-
ients, or Recent Residents)	n the
At place of death yrsmos da,	State,yrsmosda.
Where was disease contracted, if not at place of death?	
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19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
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20 UNDERTAKER	ADDRESS
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(Approved by U. S. Census and American Public Health Association.)

whatever, write None. fired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Furme state occupation at beginning of illness. If retired or given up on account of the DISEASE CAUSING D Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, to report specifically the occupations of persons ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is nees-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Trou TATE

Statement of Cause of Death—Name, first, the present control of Cause of Death—Name, first, the present control of time and causation), using always the same accept of term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); prophoid fever (never report "Typhoid pnenmenia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia");

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s answered in detail, it will prevent further correspond. All the data is essential and must be obtained before

head of "contributory." (Recommendations on state-Tquences (e.g., sepsis, tetanus) may be stated under the Nomenclature of the American Medical Association.) ment of cause of death approved by Committee ture of the injury, as fracture of skull, and consetrain-uccident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by rallway and qualify as accidental, suicidal, or homicidal, or If rosoned by carbolic acid-probably suicide. as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. rliage," "Inauition," "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conary), 10 ds. Never report mere symptoms or terminal "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsions," conditions, such as "Asthenia," causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be Whooping cough; Chronic valvulur heart disease; this certificate is looked over thoroughly and all ques-FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Example: Measles (disease "Anaemia" Always qualify all (second-(merely

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PLACE OF DEATH	04263 STATE OF MARYLAND
County Tre derick	CERTIFICATE OF DEATH
	(75-a) Registration Dist. No. 13/
Village or City Monterru Homestal	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and
2FULL NAME Henry Cay Sunta	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Suigle OR DIVORCED (Write the word)	16 DATE OF DEATH Opril 7 , 193 0
6 DATE OF BIRTH July 14, 1854	17 I HEREBY CERTIFY, That I attended the deceased from 1930 to Open 1930, 1930, that I last saw hourslive on Open 1930,
/Month) (Day) (Year) 7 AGE If LESS than	and that death occurred on the date stated above, at 2 7 m.
76 yrs. 8 mos. 23 ds. or min.?	The CAUSE OF DEATH * was as follows:
A OCCUPATION (a) Trade, profession or Labour particular kind of work Labour	Harryan Chunglian
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. 4 de.
9 BIRTHPLACE (State or country) Wardand	Centributory Secondary (Duration) yrs mos ds.
10 NAME OF Erra Bulsett	(Signed) M. D. Office M. D. Off
OF FATHER (State or country) 12 MalDEN NAME	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Magaline Word	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Waryland	At place of death 5 yrs 2 mos 2 H ds. In the 76 yrs 8 mos 23 ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or San Jean Cla Manuel and
(Address) Mysterie Horsettel Gedenil	19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL 9 aftel. 19 34
15 Filed 8 - april 1980 Iraj McCurely	29 UN DERTAKER ADDITESS ADDITESS FILLOWS
	r/16 W. Saratoga Lv., Balto., Requesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diserse. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerebrosinal meninatis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. For violent deaths state means of injuky diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
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"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st.ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary Chronic interstitial nephritis, (Recommendations on statement of cause of death unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Com2," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory etc., of

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CORD WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING

WRITE

V. S. No. 1

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

	PLACE OF DEATH	14961 STATE OF MARYLAND
	County Inderces	CERTIFICATE OF DEATH
	Ville Crestruck Grove	(142) Registration Dist. No. 137
	2 FULL NAME Charles &. Burr	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Males 4 COLOR OR RACE SINGLE, MARRIED. WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
	6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h Malive on Work 30 19230
4	7 AGE 67 yrs. 3 mos. 9 ds. or min.? OCCUPATION (a) Trade, profession or particular kind of work	and that death occurred on the date stated above, at
	(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary (Durstion) yrs, 2 mos ds.
	10 NAME OF FATHER CROB D. Burreau 11 BIRTHPLACE OF FATHER (State or country) Md	(Signed) (Address) (Sure the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
	12 MAIDEN NAME OF MOTHER LEVELUE LOUIS 13 BIRTHPLACE OF MOTHER (State or Country)	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the State yrs
	(Informant) I The BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h? Former or usual residence
	(Address) Filed Dec 3 1920 MD Curpuray	20 UN DERTAKER VALUE LA CONTRACTOR REMOVAL DATE OF BURIAL DEC 3, 19 30 ADRESS NAME OF BURIAL ADR
	Registrar If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illn en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, or given up on account of the D gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a laborer, whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day MASE CAUSING DEATH, If retired from

spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISpneumonia, Bronchopneumonia ("Pneumonia,

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. approved by Committee on Nomenclature of the (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undertaken. For violent deaths state means of injury can be ascertained as the cause. Always qualify all American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory Measles ;

data is essential and must be obtained before the certificate is permanently filed. answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions

V. S. No. 1

County Fredericks	04264 STATE OF MARYLAND CERTIFICATE OF DEATH
County frances	Registration Dist. No./2/
Village or City Fuldences (No. P. + W. 1	St.: Ward) St.: Ward) A hospital or institution, give its NAME instands of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE SINGLE, MARRIED, MIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
March 16, 1930 (Month) (Day) (Year)	that Vlast saw h Lalive on Off 19230
7 AGE If LESS than day hrs. or min.?	and that death occurred on the date stated above, at 7 m. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	Lowen Blennon
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos ds.
9 BIRTHPLACE (State or country) 1 10 NAME OF A	Contributory Secondary Duration) yrs
FATHER CHAR. C. Burress OF FATHER OF FATHER	(Signed) Hal 1923 Address) Frederick, mid
(State or country) 12 MalDEN NAME	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Susan Illillame	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trumpients or Recent Residents)
OF MOTHER (State or Country)	At place of deathyrsmosds, In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	in not at place of dea h?
(Informant) C. C. Purress, (Address) B. +Q. Cure Fred. My	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MIL OD: 4, 200.
Filed 16-Offer 1920 Dra luc Cucle. Registras	20 UNDERTAKER ADDRESS M. Flotusar Hay Frederich My
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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questhe first line will be sufficient, e. g.. Farmer or Planler, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Farm laborer, Laborer—Coat mane, etc. wour-en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Collon mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, er," etc., (a) tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Housewhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Foreman, For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day Compositor, Architect, Locomotive engineer, (b) Automobile factory. The material For persons who have no occupation -Coal mine, etc. 6) Grocery; Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal menin_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of st.ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. "Uraemia," "Weakness," etc., when a definite disease "E:haustion," "Heart failure," "Taemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; tclanus) may be stated under the head of "contributory." or as probably such, if inpossible to determine definitely. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underapproved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) FOR VIOLENT DEATHS state MEANS OF INJULY Congenital," "Senile," etc.), "Dropsy,",
> " "Heart failure," "Haemorrhage," Chronic valvular heart disease; etc. The contributory of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PERMANENT BINDING MARGIN RESERVED FOR AINL., WITH UNFADING INK--THIS

	City Year Freder					(If dear a hospi tion, glu stead number
PERS	ONAL AND STATIST	ICAL PARTIC	ULARS	MEDICA	L CERTIFICATE	OF DEAT
3 SEX	4 COLOR OR RACE colcred	5 SINGLE, MARRIED, WIDOWED. OR DIVORCE (Write the wor	Married	***************************************	(Month)	(Day)
6 DATE OF	OIBIIOVII		. 1	17 I HEREBY	CERTIFY, That I at	
7 AGE	(Month) (Day)	(Year)	that I last saw him.	The second second	
particular	profession or kind of work Labor	rer		Fracture of		lt loy A
(a) Trade, particular (b) Genera business, o	profession or Labor kind of work Labor l nature of industry r establishment in				driver)	
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STATE OF MARYLAND RTIFICATE OF DEATH

Registration Dist. No. Ward)

(If death occurred in a hospital or institu-tion, give its NAME ir-stead of street and number.)

Frederick, Md.

16 DATE OF DEATH	Verch 8	}	30 , 192
	(Month)		(Year)
17 I HEREBY CERT			
	92 to		,, 192,
that I last saw him hallve	on Mirch	8.	152.70
	AND THE PARTY OF T		
and that death occurred on The CAUSE OF DEATH * w		ed above at.	
The CAUSE OF DEATH * W	as as follows:		
Two of trans of Cla	11 74 210	To John And	- ^
Fractured of Slo			
The and run ar	raei \		
**************************************	(Duration)	Vra.	mosda.
	(Daretton)		
Contributory	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
0	(Durstion)	OP	mosds.
(Signed) Shupmar G	Bowen	Acting	Coronwoo
March 10 1930 (Ad	. Preder	~ 1 C 1	64
*State the Discase Violent Causes, state (I Accidental, Suicidal or Hon	Causing Deatl) Means of	n, or, in Injury and	deaths from (2) Whether
18 LENGTH OF RESIDEN		pitals, Instl	tutions, Trans-
ients or Recent Resident	In the	he 2	
At place of deathmos	ds. S	tateyrs	ds,
Where was disease contracted, if not at place of death?			\$0.00000000000000000000000000000000000
Former or usual residence			
19 PLACE OF BURIAL OR	REMÓVAL	DATE	OF BURIAL
Lucketts, Va. Co	. Cel.	Hareh	11 , 1970

Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of etc., Foreman, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul ferer. (the only definite synonym is "Epidemic cerebrospinal meningitis") 3 Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Meastes (disease approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all " Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) Whooping cough; Chronic Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse, Never report mere symptoms or terminal condi-"Weakness," etc., when a definite discase Chronic valvular heart disease; ," "Coma," "Convulsions, etc. The contributory

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S. No. 1

	PLACE OF DEATH	4962 STATE OF MARYLAND
	County Frederick	CERTIFICATE OF DEATH
	Village or City Middletoun (No.	Registration Dist. No. 132 St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	2FULL NAME AMUL O. JUSSE	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
,	Male White Single, Married, Marked Wildowed, OR DIVORCED (Write the word)	16 DATE OF DEATH 2 15-/30, 192
	6 DATE OF BIRTH # 19	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 2/5-30, 192, that I last saw harmalive on 12/5-/30, 192,
1 1 1	7 AGE 79 yrs. 9 mos. 28 ds. lfLESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at 3 mm, The CAUSE OF DEATH * was as follows: Valvulor heart trouble
	articular kind of work	A
	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs, mos, ds,
	9 BIRTHPLACE (State or country) Mayland	Contributory Secondary Duration) The secondary are a seconda
	10 NAME OF John W. Bustand	(Signed) R. V. Haywar M. D. 12/17/3092 (Address) Millary
	OF FATHER (State or country) 12 MAIDEN NAME (STATER)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER alleure Toffinlung 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	OF MOTHER (State or Country) Maryland,	At place of death yrs mos. ds. State yrs mos. ds.
	(Informant) Aug To THE BEST OF MY KNOWLEDGE (Address) Middletour M. A.	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL M. J.
	Filed Dec-/7 1980 D. Joneson auur Registrar	20 UNDERTAKER SADDRESS MAN MAN
	If more blanks are needed, address Ltate Kegistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

11000

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation er," etc., without more previous or laborer, Form laborer, Loborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scroont, Cook Housemuid, etc. If the occupation has been change definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Plonter, Physician, Compositor, Architect, Locomotive engineer, ployed, as At school, or At home. Care should be taken report specifically the occupations of persons enmer, (b) Colton mill; (a) Salesmon, (b) Grocery; Foremun, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on But in many

Streenence of Cause of Death—Name, first, the DISEARTH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Ilaemorrhage," "Shock," "Shock," stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease (secondary American Medical Association.) Examples: Accidental drowning; Struck by railwoy train-"Atrophy," "Collapse," "Coma," "Convulsions," perilonaeum, etc., Carcinomo, Sorcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; or intercurrent) affection need Chronic etc. The contributory valvular heart disease; not be

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PLACE OF DEATH County Dredench	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. /2/
Village or City Frederick (No. Frederich 2FULL NAME Baly Boy But	Cily Anfitted: Ward) (If death occurred in a hospital or institution, give its NAME in stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white (Write the word)	16 DATE OF DEATH LOCAL (Month)—(Day) (Year)
6 DATE OF BIRTH 1930 (Month) (Day) (Year)	that I last saw has alive on
7 AGE If LESS than I day / hrs. ds. or min.?	The CAUSE OF DEATH * was as follows:
GOCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Cencha
which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Den Bull
10 NAME OF PLANE. Dravers Butcher. Jr.	(Signed) M. I
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 7/ 11	*State the Disease Cauring Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Md,	lents or Recent Residents) At place In the of death yrs
(Informant) To the BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence
(Address) Frederick Ind.	19 PLACE OF BURIAL OR REMOVAL MY, Unieflected 20 UNDERTAKER ADDRESS
15 Filed 3 Dec 1980 Da McLucly:	6.4. Clien Hom Fredericas
If more blanks are needed, address State Redistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupition is very important, so that the relative health Statement of Occupation-Precise statement of ocshould be used only when needed. sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g.. Farmer or Planter, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Spinner, (b) Cotton mill; (a) Salesman. worked on may form part of the second statement. Aever return "Laborer," "Foreman," "Manager," "Deallakorer. er," etc., definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the gaged in domestic service for wages, as Servant, Cook, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken whatever, write None. business, that fact may be indicated thus; Farmer (reapplies to each and every report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or Farm laborer, Loboreryrs). At Home, and children, without more precise specification as Day Compositor, (b) Automobile factory. The material Stationary freman, etc. For persons Architect, who have no occupation person, irrespective of -Coul mine, etc. Locomotive engineer, not gainfully em-As examples: (a) But in many (b) Grocery; ."",Deal-Wom-

Jever Typhoid fever (never report "Typhoid Pneumonia") spinal meningitis"); Diphtheria (avoid use of "Croup" EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the Dis EASE CAUSING DEATH (the primary affection with respect (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia"

> inges, perilonaeum, etc., Carcinoma, Sarcona,, etc., of (name origin; "Cancer" is less definite; avoid stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mentions, (secondary or intercurrent) Chronic interstitial nephritis, atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," causing death), 29 ds.; Bronchopneumonia (secondary), Whooping "(Inanition," "Marasmus," Old Age, Short, "Uraemia," "Weakness," etc., when a definite discase "PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. "Exhaustion, State cause for which surgical operation was underdiseases accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, telanus) may be stated under the head of "contributory." carbolic acid-probably suicids. The nature of the injury, Examples: Accidental drowning; Struck by railway trainas fracture of skull, approved (Recommendations on statement of cause of death American Medical Association.) such as "Asthenia," "Anaemia" (Increly symptom-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as cough; by Committee on Nomenclature of the " " Marasmus, "Heart failure," "Haemorrhage, Chronic and consequences (e. g., sepsis, " "Old Age," "Shock," affection need not be etc. valvular heart discuse; The contributory Always qualify all Meusles;

answered in defall, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all questions Ailthe

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occurred in

ACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institu-tion, give its NAME it-stead of street and number.) STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH COLOR OR RACE MARRIED. WIDOWPO OR DIVORCED (Write the word) (Day) /9 17 6 DATE OF BIRTH That I attended the deceased ns so that (Month) (Day) (Year) 7 AGE IIf LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: 8 OCCUPATION te 99 (a) Trade, profession or 0 particular kind of work pla (b) General nature of industry business, or establishment in 2 which employed or (employer) 9 BIRTHPLACE (State or country) PD 10 NAME OF FATHER 00 Sh 8 11 BIRTHPLACE ENTS OF FATHER AUS! Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) TIO 12 MAIDEN NAME D. O 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-PA OF MOTHER 0 ients or Recent Residents) state 13 BIRTHPLACE At place In the OF MOTHER of death .. (State or Country) 00 Where was disease contracted, of hould il not at place of dea.h? 14 THE ABOVE IS TRUE TO Every Item CIANS sho statement Former or usual residence .. (Informant) (Address Filed If more banks are needed, addre s tate Kegistrar, 16 W. Saratoga St., Balto., Requesting

BINDING

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gi ged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Loborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation without more precise specification as Day If the occupation has been changed Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphilheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"(E:haustion," "Heart failure, traemurance, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease accident; Revolver wound of head-homicidc; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The n.ture of the injury, or as probably such, if impossible to determine definitely. (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train— (secondary or intercurrent) American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condicough; Chronic affection need not be etc. The contributory valvular heart Measles ; etc., of

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County Registration Dist. No. (If death occurred in a hospital or institu-Village or City tion, give its NAME instead of street and number.) PERSONAL AND STATISTIC PARTICUL ARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH MARRIED. BINDING WIDOWED CR DIVORCE Write the word) 6 DATE OF BIRTH (Month) (Day) (Year and that death occured on the date stated above, at 1.19 1 7 AGE IIf LESS than I day hrs. The CAUSE OF DEATH * was as follows: Ш 8 OCCUPATION RESERV (a) Trade, profession or plain Son particular kind of work (b) General nature of industry important. business, or establishment in (Duration) vrs. which employed or (employer) MARGIN 9 BIRTHPLACE Secondary (State or country) (Duration) yrs mos 0 10 NAME OF OF 192 (Address) // *State the Disease Causing Death, or, la Violent Causes, state (i) Means of linjury and Accidental, Suicidal or Homicidal. d state CAUSI and (State or country) 12 MAIDEN NAME IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ienta or Recent Residents) 18 BIRTHPLACE In the At place of death... OF MOTHER ... yrs........mos......ds. (State or country) Where was disease contracted, if not at place of death?. of shoul THE BEST Every item CIANS sho statement Former or usual residence. (Informant) DATE OF BURIAL If more blanks are needed, address State Registrar, 16 W. Saratoga St/Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer Form laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," et ... worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," 'Deal-Spinner, (b) Collon mill; (a) Salesman. (b) Grocery; (o) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Plunter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupition is very important, so that the relative health Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Cure should be taken household only (not paid Housekeepers who receive a Physician, whatever, write None. For many occupations a single word or term on yrs). without more precise specification as Day Compositor, For persons who have no occupation mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Lpidemic cerebrospinal menia itis"); Diphtheria (avoid use of "Croup"); Typhoid fever report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemio," "PUERPERAL perilonitis," etc. carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of "contributory". can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stited unless important. Example: Massles (disease stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcomo,, etc., et accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by roilway train (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; " "Marasmus," "Old Age," "Shock," Chronicetc. valvular heart discuse; The contributory

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No. 1

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Exact

PLACE OF DEATH County Bederick		MARYLAND E OF DEATH
	Registration	Dist. No. / 47
Village or City May (No. 2FULL NAME Egra Dan	of Bures	d) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
Male White Single, Windweb. Single (Write the word)	16 DATE OF DEATH (Month)	6 , 19 30
March 16, 1871 (Month) (Day) (Year)	that I last saw h un alive on	1 5 , 1938.
7 AGE 58 yrs. 10 mos. 20 ds. or min.?		
(a) Trade, profession or particular kind of work Track Sabory (b) General nature of industry business, or establishment in which employed or (employer) Residuation	(Duration)	
9 BIRTHPLACE (State or country) Ind	Contributory Secondary Court feel	yrs mos Lds.
10 NAME OF FATHER Lavid a Byers	(Signed) Dauley 75 Tel 5 (320 (Address) M	Wairy Med
OF FATHER Z (State or country) 12 MAIDEN NAME A.	*State the Discase Causing Deatl Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	n, or, in deaths from Injury and (2) whether
of Mother Sichuy Ann Beast 13 BIRTHPLACE OF MOTHER (State or country) Md	IB LENGTH OF RESIDENCE (For Hospients or Recent Residents) At place In the of death yes	
(Informant) hus Harry Nail	if not at place of death? Former or usual residence	
(Address) Morainy Med	Taylorsvilly Emety	Feb 7, 1930
15 Filed Feb 6, 1930 Wm # Colay	20 UNDERTAKER Walf	Winfield Mg

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health. Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocem at home, er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g.. Farmer or Planter, tived 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken merk, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Forenan, (b) Automobile factory. The material Physician, Compositor, Architect, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a whatever, write None. For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day who are engaged in the duties of the For persons who have no occupation Locomolive engineer,

Statement of Cause of Death—Name, first, the DIS-FASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corchrospinal fewer (the only definite synonym is "Epidemic cerebros and meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

> stated unless important. Example: Meusles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; 2 void "PUERPERAL septicacmia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Urnemia, ""Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrlage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely diseases carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underapproved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; for malignant neoplasins;; Chronic "," "Coma," "Convulsions, etc. The contributory valvadar heart discuse; Nomenclature Meusles ;

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N B.--Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-INLY, WITH UNFADING INK---THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE

/	PLACE OF DEATH County Synday is 14	STATE OF MARYLAND CERTIFICATE OF DEATH
/	County 3 20 d 2 VIC 19	Registration Dist. No. 131
Vill	2FULL NAME Thomas HB	Ward) (If death occurred a hospital or institution, give its NAME stend of street number.)
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED	16 DATE OF DEATH 27 1981
	nala Coloyad (Write the word)	(Month)—(Day) (Year
6 D	Feb. 22 1479	July 25 1920 10 July 27 192
7 A	(Month) (Day) (Year)	7 2 2
, ,	l dayhrs	The CAUSE OF DEATH " was as follows:
	OCCUPATION	Tractioned 3 = 4 = 5 = 4 (=
pa (b	a) Trade, profession or articular kind of work Cook Cook Cook Cook Cook Cook Cook C	Gervical Vertebras with
9 B	SIRTHPLACE (State or country)	Collision hear harlestown w. Va.
	10 NAME OF FATHER OLEN BY	(Signed) Austin Tearre Dele 27 1930 (Address) France Mal
RENTS	OF FATHER (State or country) 12 MAIDEN NAME	Vicinte the Disease Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homleidal.
PAF	OF MOTHER Lenfrenown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tr
	18 BIRTHPLACE OF MOTHER (State or country)	At place of death yis nos 2 ds. State yis nios
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, W. ba
	(Informant) Larence / 3450	Former or usual residence or guida DATE OF BURIAL 19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
	(Address) Stewart (Address)	usual residence of guing

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health. Statement of Occupation-Precise statement of octahorer Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the dutics of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus: Farmer (retired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH. guged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a whatever, write None. Housemuid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the DISTASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebros and meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fener (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinonu, Surconu., etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Meusles; "Inanition," "Marasmus," "Old Age," "Shock," "Exhaustion, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uruemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menletanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State eause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory Nomenclature of the heart discuse; not

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V S No. 1

PLACE OF DEATH	6420 STATE OF MARYLAND
County Trederick	CERTIFICATE OF DEATH
6	Registration Dist, No. 134
Village or City Enterthing (No. Wit. St.	Ward) (If death occurred in a hospital or institution, give his NAME instead of street and number.)
FULL NAME STUDIES	U racanau
PERSONAL AND STATISTICAL PARTICULARS /	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED	16 DATE OF DEATH COL 1936
Write the word)	(Month) (Day) (Year)
(Month) (Day) (Year)	that I last saw h 100 alive on 15 1936
	and that death occurred on the dine stated above, at
17 yrs. 10 mos. 9 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry	1
business, or establishment in) which employed or (employer)	(Durayon)yrs,
9 BIRTHPLACE	Contributory
(State or country)	Duration yts. 31168. ds.
FATHER Edward S. Callahou	(Speed) Johns & M. D.
of Father	
Z (State or country) / curecy warm	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Harrale Shelow	18 LENGTH OF RESIDENCE (For Mospitals, Institutions, Iransients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Seloud	At place of deathyismosds. In the State,yisinosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
\$ and	Former or usual residence
(Informant) Edward J. Welsham	19 PLACE OF BURIAL OR BEMOVAL DATE OF BURIAL
(Address) Bristol Pa.	Bristel la Jou, 1936
15 Filed Jan 15 1930 Mate & mel	20 UNDERTAKER VADDRESS
If more banks are needed, addre, s tate Negistra	r, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.
in those plants are mostly than the	

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(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar preumonia, Bronchopzeumonia ("Pneumonia,")

inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Ilaemorrhage,"
"Inanition," "Marasmus," "Old Agc," "Shock," st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar or intercurrent) affection need not be st.ted unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on Nomenclature of the Chronic valvular heart disease; nephritis, etc. The contributory

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No. 1 000

PLACE OF DEATH	06688 STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH
/ O+ 1 1 +.	Registration Dist. No.
Village or City Alale Langalorum	Md St.: Ward) a hospital or institu-
2 FULL NAME Mary R. C	a nospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MUDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
Dec. 28, 1892 (Month) (Day) (Year)	17 ! HEREBY CERTIFY, That lattended the deceased from 19230 to
7 AGE 3 7 yrs. 5 mos. / 7 ds. or min.?	and that death occurred on the date stated above, at 5:45Am. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Housewife	Julmonary Tuberculosis
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs,mosds,
9 BIRTHPLACE (State or country) Maryland.	Contributory Secondary (Dyration) / yrs. / ryfs. ds.
10 NAME OF HARTIN C. Dutrow	(Signed) Alower & M.D. June 15. 19830 (Address) State Sanatoring
(State or country) Maryland.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Larah Warr entelat	IB LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Maryland.	At place of death yrs. 2 mos. 10 ds. In the 3 7 yrs. 5 mos 1 7 ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
(Informant) W. a. y ardner	Former or usual residence P.O. Box 475 Hayrabour M.
(Address) State Lange torum My.	Hagustown Md. DATE OF BURIAL 20 UNDERTAKER ADDRESS
Filed AN Too 192 Registra;	C.M. Suter & Son Hagerstown M
If more b.anks are needed, addre.s Ltate Negistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be strted unless important. Example: Measles (disease inges, perilonoeum, etc., Carcinomo, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; approved by Committee on Nomenclature of the or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-American Medical Association.) (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJULY Chronic valvulor heart disease; etc. The contributory Always qualify all

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PHYSI-

7	PLACE OF DEATH	04265
/	11. (1	STATE OF MARYLAND
ĺ	County / 12021CK	CERTIFICATE OF DEATH
	D	Registration Dist. No. 14/
	Village or City DNUMALUCEO.	St.: Ward) (If death occurred in a hospital or institu
	D	tion, give its NAME in
	2FULL NAME James damane	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OF RACE 5 SINGLE,	16 DATE OF DEATH
	WIDOWED,	1950
	Mus Write the winter	(Month) (Day) (Year)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	1001. 3, 19/6	1980. to
	(Month) (Day) (Year)	that I has saw he salive on
	7 AGE If LESS than 1 day hrs.	and that death occurred on the date stated above, at I mm.m.
	14 yrs. 6 mos. 10 ds. or min.?	THE CAUSE OF BEATH . Was as follows:
	B OCCUPATION (a) Trade, profession or	- 1
-	particular kind of work	Conta Filences Aloreres
-	(b) General nature of industry business, or establishment in	
1	which employed or (employer)	(Duration) yrs. mos. d. ds
	9 BIRTHPLACE (State or country)	Contributory Secondary
	13 runsus occ md	(Duration) / yre AA mos. Q ds
	10 NAME OF FATHER	(Signed) / Yullio a lattur M. D
	11 BIRTHPLACE	4 / A 1928 (Address) D
	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from
	U 12 MAIDEN NAME	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of Mother Maranet V. Wiccimion	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
	13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place
	(State or Country) Shumpulck md	At place of deathyrsmosds. In the Stateyrsmosds
	14 THE ABOVE IS TRUE TO THE BEST OF MY MOWLENGE	Where was disease contracted, if not at place of death?
	man I transmark	Former or usual residence
	(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Dundwich Wes	Burnevick my 401.16-, 1930
	15 m . Ohr 10 .020 Mars W & N. S. 10	2D UNDERTAKER ADDRESS
I	Filed Up, 18 1920 MM, A A OUT 12	1 . 2

If more blanks are needed, address State Registrar, 16

W. Saratoga St., Balto. Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—con mure, etc. woulen at home, who are engaged in the duties of the
household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken whatever, write None. business, that fact may be indicated thus; Farmer reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meastes; "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentctanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic ctc. The contributory valvular heart disease; Nomenclature

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH EXACTLY, P Registration Dist. No. St.: Ward) (If death occurred in a hospital er institution, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 3 SEX 16 DATE OF DEATH BINDING MARRIED. WIDOWED. OR DIVORCES pinous (Write the word) I HEREBY CERTIFY, That I attended the deceased from DATE OF BIRTH terms so that I se instructions that I last saw h & alive on (Month) (Day) O (Year) 7 AGE and that death occured on the date stated above, at ... If LESS than pplied day hrs. The CAUSE OF DEATH * was as follows: RESERVED 8 OCCUPATION (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in C which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) hould OF DE 10 NAME OF FATHER Cleg. 20...1930 (Address) 11 BIRTHPLACE ENTS OF FATHER /*State the Disease Causing Death, or, in CAU (State or country) Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal. and (2) whether 2 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transd state ients or Recent Residents) At place OF MOTHER (State or country 0 Where was disease contracted, shoul if not at place of death? Every item CIANS shot statement o (Informant) DATE OF BURIAL 26 UNDERTAKE 15 If More blanks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MARGIN

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health should be used only when needed. As examples: (a) Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Hausewife, Housetaborer Farm laborer, Laborer—Coat mine, etc. woun-en at home, who are engaged in the duties of the er," etc., without more precise specification as Day additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Never return" Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enwhatever, write None. Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) Automobile factory. person, irrespective of The (b) material Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia,"

> "Uraemia," "Weakness," etc., when a definite disease inges, peritonaeum, etc., Carcinoma, Surcoma,, etc., of (name origin; "Cancer" is less definite; uvoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Mensles; unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely can be ascertained as the cause. Always qualify all tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound af head-hamicide; Paisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underapproved by Committee on as fracture of skull, and consequences (e. g., sepsis Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chranic valvular heart etc. The contributory Nomenclature of the not be discuse;

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	14964
PLACE OF DEATH	STATE OF MARYLAND
Frederick Co William th	CERTIFICATE OF DEATH
County	Registration Dist. No./2/
Village or City Fullwell (No. 1015) 2 FULL NAME Charles V, 6	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIMD, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH 8 00 21 016	16 DATE OF DEATH Combin V 1630 (Year)
(Month) (Day) (Year)	and that death occurred on the date stated above, at 6 4 m.
If LESS than I dayhrs	The CAUSE OF DEATH & was as follows:
(a) Trade, profession or AT Achol particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Malkersulle Ma	Contributory Corcuous of John ack (Contributory of John ack (Contributory of John ack (Contributory of John ack (Duration) yes mos de
10 NAME OF Harry E. Carmack	(Signed) Frank Alborthungton M.D.
11 BIRTHPLACE OF FATHER (State or country) Walkersielle Trus	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Hømicidal.
of MOTHER Rellie. Mercer	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
OF MOTHER (State or country) Tiffin This	At place of death yrs. mos. 4 da. In the State, mos. da.
(Informant) Mis. Harry E. Carmae	Where was disease contracted, if not at place of death? Former or usual residence. Near Fuldence.
(Address) Fralewix med	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Nolkesille Vd Dec 14,1930
Filed / 3 December 1980 Doa Jucauly .	6. Elline Hon Frederickhe.
ir more blanks are needed, address/State Registrar	. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH, en at home, who are engaged in the duties of the whatever, write None. tired 6 yrs.). For persons who have no occupation Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary). may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement (a) Foremun, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various parsuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation -- Precise statement of oc-For many occupations a single word or term on without more precise specification as Day -Coal mine, etc. Won-The material

Statement of Cause of Death—Name, first, the prisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal mediugitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

ment of eanse of death approved by Committee on head of "eontributory." quences (e. g., sepsis, tetanus) may be stated under the train-accident: Revolver wound of head-homicide; diseases resulting from childbirth or miscarriage as rhage," "Inunition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy." "Collapse," couditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF taken. For violent dualits state means of injury State cause for which surgical operation was under-"PUERPERAL septicaremic." "PUERPERAL peritonitis," etc. ean be ascertained as the cause. Always qualify all "Uraemia," "Weaknes:," etc., when a definite disease "Dropsy," "Exhaustion," "Heart vulsions." causing death). 29 ds.; Bronchopneumonia stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Poisoned by carbolic acid-probably suicide. The na-Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Measles (disease failure." "Haemorheart disease; "Coma," "Con-(second-(merely

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PLACE OF DEATH
County Frederick

STATE OF MARYLAND 0385 CERTIFICATE OF DEATH

Registration Dist. No. 136

lago ar cillophe Haill, (No.	St.:
------------------------------	------

Marie H. Carroll

(If death occurred in a hospital or institu-Ward) tion, give its NAME itstead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Sept. 24, 1980 (Month) (Day) (Yea
6 DATE OF BIRTH Stepan 13, 1930 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased of the state of the
7 AGE O yrs. 6 mos. //ds. or min.	and that death occurred on the date stated above, at / O
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Malputulion and diarrhea
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Detailer Errors
State or country) Haryland 10 NAME OF FATHER John E. Carroll	(Signed) (Address) Jesses (Address)
OF FATHER (State or country) Manyland	*State the Disease Causing Death, or, in deaths fro Violent Causes, state (1) Means of Injury and (2) Wheth Accidental, Suicidal or Homicidal.
of Mother Addie No. Loce 13 BIRTHPLACE OF MOTHER (State or Country) Maryland	10 LENGTH OF RESIDENCE (For Hospitals, Institutions, 7 ients or Recent Residents) At place of deathyrsds. In the Stateyrsmosds. Where was disease contracted,
(Informant) Stan 6. Carroll	if not at place of dea h?
(Address) Hope Hill.	Hope Hill. Sep 25, 19 20 UNDERTAKER ADDRESS Thomas J. Rise Frederic

WRITE

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to e.ch and every person, irrespective ci cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook Housemaid, etc. If the occupation has been change ployed, as At school, or At home. Care should be taken report specifically the occupations of persons en-Foreman, first line will be sufficient, e.g., Farmer or Planter, For many occupations a single word or term on (b) Collon mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day Stationary fireman, etc. But in many Locomolive engineer,

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Inal meningitis"); Diphtheria (avoid use of "Croup"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelapius) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping cough; Chronic valvular heart disease; Chronic interstitial nephrilis, etc. The contributory (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, (Recommendations on statement of cause of "Atrophy." "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY or intercurrent) affection necd

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Or Bourne

V. S. No.

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fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, tion applies to e.ch and every person, irrespective ci report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

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Dr. 8. O. Thomas

7. S. No. 1

PLACE OF DEATH	14965 STATE OF MARYLAND
V /	CERTIFICATE OF DEATH
County Sederal Within the Corporate	12/
7 1 20 000	Registration Dist. No. 12
Village or City Selevich (No/// & 34)	St.: Ward) (If death occurred in
	a hospital or institu-
2 FULL NAME (lieg Clayonia	Carler stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 GOLAR PR RACE S SINGLE,	16 DATE OF DEATH
Semale Still MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I tended the deceased from
0.0 14 019	July 1921 to Dec. 6 , 1930.
(Month) (Day) (Year)	that I last saw her alive on Dec. 6 , 1923 a
7 AGE [IfLESS than	and that death occured on the date stated above, at
	The CAUSE OF DEATH * was as follows:
62 yrs. 3 mos. 22 ds. or min.?	0 10-1
a occupation (a) Trade, profession or	(aream of tomack
particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Durgion) Just nige des
9 BIRTHPLACE	Contributory Marial Celerons of your
(State or country) excession (MM)	(Duration)
10 NAME OF A DO TO	a a d d + Prosse
FATHER Mallachia GMEL	(Signed) J. D. D.
IN II BIRTHPLACE	19D Q (Address) Value 1
CState or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether
TI 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
a of Mother Marian & Meally	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place In the
(State or country) realised (MM)	of death yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
Mis Chiach Costes	Former or usual residence
(Information of the control of the c	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Sealerich Mg.	My Okevel Cemeter Lee 8. 30
15 Filed & begante 1980 Day Mcaules	20 UNDERTARER DODRESS
Registral	C. Elling Jon grederick by
If more blanks are needed, address State Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tion fulness of various pursuits can be known. The quescupition is very important, so that the relative health Statement of Occupation-Precise statement of octhe first line will be sufficient, e.g., Farmer or Planter, sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Ciril engineer. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, worked on may form part of the second statement. Mever return". Laborer, ""Foreman," "Manager," "Deal-(a) Spinner, laborer Farm laborer, Laborer-Coal mine, etc. definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a gaged in domestic service for wages, as Scruml, Cook. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housenuid, etc. If the occupation has been changed tired 6 yrs). whatever, write None. business, that fact may be indicated thus; Farmer (reat home, who are engaged in the duties of the Foreman, applies to each and every person, irrespective of For many occupations a single word or term on or At Home, and children, (b) Cotton mill; (a) Salesman. without more precise specification as Day Compositor, (b) Automobile factory. The material Stationary fireman, etc. But in many For persons who have no occupation Archilect, Locomotive engineer, not gainfully em-6 Grocery; Wom-

Statement of Cause of Death—Name, first, the DISERASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid, fever (never report "Typhoid Pneumonia"); Lober pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilomacum, etc., Carcinoma, Sarcona, etc., of unqualified, is indefinite); Tuberculosis of lungs, menuse of "Tumor" for malignant neoplasms); stated unless important. tions, such as "Asthenia," "Anacmia" (merely symptomcausing death), 29 ds.; Bronchopmeumonia (secondary), (secondary or intercurrent) affection need not Chronic interstitial nephritis, "Debility" ("Congenital," "Senile," etc.), "Dropsy, Whooping "Uracmia," "Weakness," etc., when a definite disease " Inanition, "Exhaustion, "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases can be ascertained as the cause. Always qualify all accident; Revolver wound of head-hamicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OFINJURY State cause for which surgical operation was undercarbolic acid-probably suicids. The nature of the injury, telanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death as fracture of skull, American Medical Association. approved .. (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; by Committee on Nomenclature " "Marasmus, "Heart failure," "Haemorrhage, Chronic and consequences (e.g., sepsis, Example: Measles (disease " "Old Age," "Shock," etc. mhulur heart The contributory discuse; Measles ; of the be

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A lithe date is essential and must be obtained before the certificate is

permanently filed.

· /	PLACE				UTUL SI	TL OF	MARYLAND
	County7	ridinch	***************************************	THE THE TO	82-3		E OF DEATH
			/			Registration	Dist. No. 14/
Vi		Bungwich	(No	er	St.:	Ward	d) (If death occurred a hospital or instit tion, give its NAME i stead of street as number.)
-	PERSOI	NAL AND STATISTI	CAL PARTIC	JLARS	MEDICAL CER	TIFICATE	OF DEATH
3 :	Male	White	5 SINGLE. MARRIED, WIDOWED. OR DIVORCE! (Write the were	arried	16 DATE OF DEATH	(Month)	/8 , 19 30 (Year)
6	DATE OF BIR	RTH .			,		tended the deceased fro
		Sept	25	1902	192	to	, 192
		(Month)	(Day)	(Year)	that I last saw alive of	n	, 192
7 /	AGE		04	If LESS than I day hrs.	and that death occurred on the The CAUSE OF DEATH * was		d above, atn
8 (- 27	yrs. 3	mos. Zdi	. ormin.?	Varanting.	a NI	· D D .
1	a) Trade, pr	ofession or			7-2-4008	700	
N		d of work Brake ature of industry		*************************	Railroad occident	Express	train van into
			0 0 0		caboose in which he	Duration) res	linges crushing by
3	vhich employ	ed or (employer) B	URR			1	skull on lets
	State or co			Klas	Contributory Secondary	Duration),	mos. d
Barrette	10 NAME C	Not known			(Signed)	1/10	S / Real
S	11 BIRTHPL				190_ (Addres		cuswy
ENT	OF FATH (State of	r country) IIKHOWH			*State the Disease Ca Violent Causes, state (1) Accidental, Suicidal or Homicid	nusing Death Means of I dal.	or, in deaths from njury and (2) Whether
		HER Bessie Ca	rter		18 LENGTH OF RESIDENCE	(For Hosp	itals, Institutions, Tran
PAR							
	13 BIRTHPI	LACE			At place of deathyrsmosde	In th	e ated
PA	13 BIRTHPI OF MOTH (State or	IER Md		.ED GE	At place		
PA	13 BIRTHPI OF MOTH (State or THE ABOVE	LACE HER Country) Md	OF MY KNOWL	EDGE	At place of death		
PA	13 BIRTHPI OF MOTH (State or THE ABOVE	LACE HER Country) Md	OF MY KNOWL	EDGE	At place of death yrs. mos. de Where was disesse contracted, if not at place of death? Former or usual residence	s. Sta	
PA	13 BIRTHPI OF MOTH (State or THE ABOVE	LACE HER Country) Md	of my knowl	EDGE	At place of death	s. Sta	yrsmosd

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (re-For many occupations a single word or term ou

ed term for the same disease. Examples: Cerebrospinal Typhoid fever (never report "Typhoid Pneumonia") spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect (Statement of Cause of Death-Name, first, the Dispneumonia, Bronchopneumonia ("Pneumonia,

> stated unless important. "E:haustion," "Heart failure," "Maemorinage, "Shock," "Sh "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) approved by Committee on Nomenclature of the belanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state NIEANS OF INJULY Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Example: Measles (disease

data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all qu stions

permanently filed.

1930

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1	A .

PLACE	OF	DEATH
PLACE	OF	DEVIL

14.966

STATE OF MARYLAND

County	Frederick.	WE PER	COMPOSITE	188-8		Dist. No. 14/
	City Knoxville					d) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERS	SONAL AND STATIST	CAL PARTICI	ULARS	MEDIC	AL CERTIFICATE	OF DEATH
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCEI (Write the word	livorced	1	December 9	, 19 20 (Day) (Year)
6 DATE OF		5th.,	, 1884 (Year)	17 I HEREBY	Y CERTIFY, That I at	ttended the deceased from 192, 1920
7 AGE	46 l	4 mosd	If LESS than I day hrs. or min.?	The CAUSE OF DEAT	TH * was as follows:	d bove, at m.
(b) General business, which employed (State of State of S	reountry) Maryla E of Thomas Cartr HPLACE	nd.		Contributory Secondary (Signed) 10, 1980	(Address) Brunsw	yrs mos de. M. D.
Z (Sta	ATHER te or country) Maryla DEN NAME OTHER Hester E.				SIDENCE (For Hosp	n, or, in deaths from Injury and (2) Whether pitals, Institutions, Trans-
OF M (Sta	THPLACE OTHER te or Country) Waryla	OF MY KNOW	_EDGE	At place of death yes	tracted,	ne ateyrsmosds.
(A	Thomas Cartne Frederick; Address) MC // 1921 /M	Md.	1 11	Fairview Cem. 20 UNDERTAKER Albert V. Dix	., Fred.	Dec. 12, 130 Address Frederick, Md.

Albert V. Dixon,

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from wark, or At Hame, and children, not gainfully employed, as At school, ar At home. Care should be taken Spinner, (b) Caltan mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer ar Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Caok, definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Caal mine, etc. Women at home, who are engaged in the duties of the whatever, write Nonc. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Lacamotive engineer, worked on may form part of the second statement. ," etc., without more precise specification as Day For many occupations a single word or term on especially in industrial employments, it is neces-

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telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revalver wound of head-homicide; Paisaned by or as prabably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritanitis," etc. can be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Haemorinage, "Shock," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchapneumonia (secondary), (secondary or intercurrent) affection need not be Whoaping cough; Chranic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drawning; Struck by railway traindiseases resulting from childbirth or miscarriage as unqualified, is indefinite); Tuberculasis of lungs, men-"Uraemia," "Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiperitonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Chranic valvular heart disease; etc. The contributory

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	000	PLACE OF DEATH	10386 ST
1	EX EX	County Trederick	CEF
7	EXACTLY, y classified	ONLEGO OF City Frederick (No. City 20 2 Full NAME Charles W. F.	
	operi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CE
DN	ANENT d be staily be pro-	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED Widowad OR DIVORCED (Write the word)	16 DATE OF DEATH
R BINDIN	A PERM	6 DATE OF BIRTH Acq 7 , 1853 (Mooth) (Day) (Year)	17 I HEREBY CERT 19 Chat I las aw h alive
ED FOR	HIS IS A MISSON ACE MISSON THAT IN THE MISSON THE M	7 AGE 7 yrs. / mos. 20 ds. or min.?	and that death occurred on The CAUSE OF DEATH * we
SERVI	INKT ully supp plain ter nt. See i	(a) Trade, profession or particular kind of work (b) General nature of industry	Hum
SIN RE	ADING e careft ATH in mporta	business, or establishment in which employed or (employer) Cumber los BIRTHPLACE (State or country) Maryland	Contributory
MARGIN	WITH UNF.	10 NAME OF FATHER William Cashour OF FATHER (State or country) OF FATHER (State or country)	(Siched) 192 3 (Add *State the Discase Violent Causes, state (1)
•	Information CA	12 MAIDEN NAME OF MOTHER Martha Albaugh 13 BIRTHPLACE OF MOTHER (State of Country) Maryland,	Accidental, Suicidal or Hom 10 LINGTH OF RESIDENC ients or Recent Residents At place of death yrs mos 2. Where was disease contracted,
	VRITE Item of S should	(Informant) & Hemp Cashour	Former or usual residence 2 3 44 . 5.
No.1	BEvery	(Address) 234. G. Church St 15 Fold- Sept. 130. Dr. Dra Diclerd. Registras	Mot Olivet Thomas J.

If more blanks are needed, addre s ttate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. ho. 1.

TATE OF MARYLAND

RTIFICATE OF DEATH

Registration Dist. No. 131 Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)

	MEDICAL	. CERTIFIC	ATE O	FDEAT	н
16 DATE OF	DEATH	Sep		27	, 19 30
	***************	(Month	1)	(Day)	(Year)
17 Jul	MEREBY C	19230.	atte	100	deceased from
•		on the date	bareda	bove, at	-30 Pm
		* was as follo			3.3
Co	of	ner	15	1	
	MI	MIN		6	
		(Duration)	_yra	. mosds.
Contribu Second		/ 15 :	11	, 1	
(Sighed)	7 19230	(Address)	OL M	V/I	de.
*State Violent Accidenta	the Dises Causes, state I, Suicidal or	ase Causing (1) Means Homicidal.	Death, of Inju		leaths from (2) Whether
	OF RESID		Hospita	ls, Instit	utions, Trans-
At place of death	yrsmos.	21 ds.	In the State,	7. 7. yrs. 1	most o ds.
Where was d	isease contracte of dea h?.	red. 260	me		
		5.6h		6 st	
		OR REMOVAL		DATE	F BURIAL 3
Mat	Oliv	et be	me &	Sep	30, 1930
20 UNDERT				ADDRES	5
Thos	nas	T. The	ce	Trea	Lerich

(Approved by U. S. Census and American Fublic Health Association.)

tion applies to e.ch and every person, irrespective ci fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Collon mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farner or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, whatever, write None. Housemaid, etc. If the occupation has been changed Never return "Laborer," "For man," "Nanager," "Dealreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation 6 Grocery; Tre-

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st.ted unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway train-American Medical Association.) (clanus) may be stated under the head of "contributory." Recommendations on statement of cause of death peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU. Chronic valvular heart disease; etc. The contributory

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Dr. Hedges

HYSI-Exact PLACE OF DEATH STATE OF MARYLAND Within the Corporate limit County Treolen CERTIFICATE OF DEATH EXACTLY, P Registration Dist. No. (If death occurred inWard) a hospital or institu-tion, give its NAME in-stead of street and properly class number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF pe OR DIVORCED onld (Write the word) (Month) (Day) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH n terms so that See Instructions (Year) ä If LESS than 7 AGE and that death occurred on the date stated above, at ... I day hrs. The CAUSE OF DEATH * was as follows: supplied or min.? (a) Trade, profession or particular kind of work carefully plai (b) General nature of industry business, or establishment in 2 importa which employed or (employer) H 9 BIRTHPLACE Secondary (State or country) be EA DO 10 NAME OF shoul E OF FATHER 19250 (Address) 11 BIRTHPLACE *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER Z SO (State or country) 0 12 MAIDEN NAME OF LENGTH OF RESIDENCE (For Hospitals, Institutions, Transinform state ccup/ ients or Recent Residents) 13 BIRTHPLACE At place of death... In the OF MOTHER yrs......ds. (State or Country should ent of O Where was disease contracted, if not at place of death?. Every item CIANS sho statement Registrar If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Mcasles (disease Whooping cough; Chronic Chronic interstilial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid Lelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi Chronic volvulor heart disease, etc. The contributory

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1930

S No. 1

PLACE OF DEATH County Frederich Within the Core	04266 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 13/2
Village or City Frederick (No. 22 W. 2FULL NAME Frank W. E. C.	Sixth St.: 3 Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED MONTESCH WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 1980
6 DATE OF BIRTH Solve 29, 1885 (Month) (Day) (Year)	that I last saw handlive on 192, 192
7 AGE If LESS than I day hrs. de. or min.?	and that death occurred on the date stated above, at/3070m The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work day Caborer. (b) General nature of industry business, or establishment in which employed or (employer) Steel Works	(Duration) yrs. mos ds
9 BIRTHPLACE (State or country) 10 NAME OF FATHER	Contributory Secondary Duration (Signed) M. D
O TI BIRTHPLACE OF FATHER (State or country)	*State the l'issase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State of Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Harry Coesser	Where was disease contracted, it not at place of dea h? Former or usual residence
(Address) 22. W. Sigth St.	19 PLACE OF BURIAL OR REMOVAL Battonsville Com 20 UNDERTAKER ADDRESS Tredesian
Registrai	r, 16 W. Saratoga St., Balto., Lequesting V. S. I.o. I.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) the first line will be sufficient, e. g.. Farmer or Planter, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Groeery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective cl whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Locomolive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Dinhiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar preumonia, Bronchopneumonia ("Pneumonia,"

unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of st_ted unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; "E:haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertlonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-American Medical Association.) (Recommendations on statement of cause of death taken. For VIOLENT DEATHS state MEANS OF INJULY "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart disease; nephrilis, etc. The contributory

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Dr. Boocks

		06689
PLACE OF DEATH	,	00000

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(90)	

STATE OF MARYLAND

County Treclerich	90 CERTIFICATE OF DEATH Registration Dist. No. 186
Village or City Mpana (No (No Mai	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Reloway OR DIVORCED (Write the word)	16 DATE OF DEATH 4 , 1936 (Month) (Day) (Year)
6 DATE OF BIRTH Cenknown, 1/862	17 I HEREBY CERTIFY, That I arended the deceased from
(Month) (Day) (Year)	that I last saw herealive on 1931,
7 AGE If LESS than 1 day hrs. ds. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work	Chronic My ocarditis
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. 7 mos. ds.
9 BIRTHPLACE (State or country) Manyland	Contributory Secondary (Quration) yrs mos ds.
10 NAME OF JMM Manhay	(Signed) J. Clyb / wton M. D.
OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sarah Howard	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Maryland	At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Unforman Mohora Cecil	Former or usual residence
(Address) Cirbana Frederich Co My	nethodis Kemetan Urbana My June 6, 1930
15 Filed July 5 196 & Offenchulen Registrar	Survel Carty Frederick Mid

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

B.--

(Approved by U. S. Census and American Public Health Association.)

Spinner, state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reshould be used only when needed. As examples: (a) or given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servent, Cook, ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foremon, to know (a) the kind of work and also (b) the Q. For many occupations a single word or term on yrs). Farm loborer, Loborer-Coal mine, etc. Wom-(b) Cotton At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation (b) Automobile foctory. The material mill; (a) Solesman. (b)

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

American Medical Association.) tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," approved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., whon a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondar/ or intercurrent) use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway troin-Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Example: Measles (disease etc. The contributory affection need valvular heart Nomenclature of the disease; not be

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

V. S. No. 1

1	L 04267		
PLACE OF DEATH	(36-2)	STATE OF N	MARYLAND
County frederick Within the Golper	to limits	CERTIFICATE	OF DEATH
Within the Golden	D A	Registration I	Dish No /2/=
Village or City Frederick (No./15 6	· Jano Al		
Village or City Freducts (No.//)	· Seventh	St.: Ward)	(If death occurred in a hospital or institu-
2FULL NAME Jda linn Rebe	111	. 0	stend of street and number.)
FOLL NAME GALL / COLOR	ca lec		number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDI	L CERTIFICATE O	E DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, SENSE	16 DATE OF DESTH	11. 11	DA 20
Severale white OR DIVORCED	4 Jul	my	7.6, 1920
B DATE OF BIRTH (Write the word)	17 HEREBY	(Month)	
B DATE OF BIRTH	THEREB!	30 hat latte	nded the deceased from
Dec. 11, 1860		1	261 37
(Month) (Day) (Year)	that I last saw h		7 6 6 1920
/ - 0 (I day by	The CAUSE OF DEATH		above, at
69 yrs. 3 mos. 26 ds. or min.?	FURO.	lace D. C	To ~
B OCCUPATION	O Hay	and C	Combol
(a) Trade, profession or Lt Kame	sum	m	
(b) General nature of industry			0
which employed or (employer)	12	(Defration)	утэds.
9 BIRTHPLACE	Contributory 1	sucher fin	min
(State or country) Maryland		(Durstion)	yrs,ds.
10 NAME OF ATHER	(Signed)	H Ver	1 1 M. D.
FATHER Samuel J. Cecil	Alanda 1925	(Address) Tolo	my.
of FATHER	*State the Dis	case Causing Death, te (1) Means of Inju	or, in deaths from
	Violent Causes, sta Accidental, Suicidal o	te (1) Means of Inje r Homicidal.	ury and (2) Whether
CF MOTHER MANAGET ACOULANT			als, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Res	idents)	
OF MOTHER (State or country) Maryland	At place of death yrsmc	osds. State	Luffe mos de.
14 THE ABOVE IS TRUE TO THE SEST OF MY KNOWLEDGE	Where was disease contra		
P 1 A Da	Former or usual residence //3	- 47 Street	Frederich
(Informant) Me Jaura V. agle,	19 PLACE OF BURIAL	OR REMOVAL	DATE OF BURIAL
(Address) Frederick Md	m+ 00: +	Cem. Fred	weil in 130
	20 UNDERTAKER	uni, pud	ADDRESS
15 Filed & africe 1980 doa wellindy	m P State	in the	Lalonials and
	16 W Santan St. B	alto Requesting V	Don't
If more branks are needed, address State Negistra	r, 10 W. Saratoga St., D	arro., Kequescing V. S.	

(Approved by U. S. Census and American Public Health Association.)

definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise or laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Civil engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for Housemaid, etc. If the occur additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the to report specifically the ployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, nner, (b) Cotton mill; (a) Salesman. (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many occupa tions of persons en-SE CAUSING DEATH Locomotive engineer, has been changed

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia,")

> stated unless important. Example: Measles (disease "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage;" use of "Tumor" for malignant neoplasms); Meastes; American Medical Association.) approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of "Atrophy," "Collapse." "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJUNY interstitial nephritis, (name origin; "Cancer" is less definite; avoid or intercurrent) Chronic valvular heart disease; etc. The contributory affection need not be Nomenclature of the

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business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specimeation and laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositar, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a For many occupations a single word or term on yrs). For persons who have no occupation Architect, Locomotive engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diselse. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition, stated unless important. Example: Measles (disease approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify ali "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculasis af lungs, men-American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-Whooping cough; Chronic valvular heart disease; Never report mere symptoms or terminal condiinterstitial nephritis, " "Marasmus," "Old Age," "Shock, etc. The contributory

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32 0

PLACE OF DEATH .	06690 STATE OF MARYLAND
County Crederick	CERTIFICATE OF DEATH
/ H+1 +1	Registration Dist. No. 139
Village or City/dale/damina Cour	Ward) (If death occurred in a hospital or institution, give its NAME i)
2FULL NAME LLON (W	steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Maried, Wilder or RACE SSINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 1923 0 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from March 29 19230 to June 10, 1923,0 that I fast saw h Malive on June 10, 1933,0
3 / yrs. / mos. / ds. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or Press Feeder particular kind of work	Julmonary whereulosis
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration) yrs. Tros. ds.
9 BIRTHPLACE (State or country) Mary Land.	Contributory Secondary (Devation) (1 1978 mos de
10 NAME OF FATHER LAMINEL E. Christopher	(Signed) I Chart & Shaffer M. D.
OF FATHER (State or country) Maryland.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER OF CAMEN	10 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place of deathyrsmos.] dsds
(State or Country)	Where was disease contracted, if not at place of dea h?
(Informant) W.a. Gardner	Former or usual residence 1202 Williams St. Balto Mo
(Address) State Sanatoring.	Baltmine Md. Date OF BURIAL Influence., 19.
Filed 192 Registra)	M.L. Clayer Thurmont
If more b.anks are needed, addre.s Ltate Negistran	, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter. tired 6 yrs). ployed, as At school, or At home. Care should be taken er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wombusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekcepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. to report For many occupations a single word or term on specifically the occupations of persons en-For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); S. Ingliam (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia")

> "E:haustion," "Heart ranue,
> "Gold Age," "Shock,"
> "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," st_ted unless important. (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E.haustion," "Heart failure," "IIaemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be st-ted unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, mentclanus) may be stated under the head of "contributory." State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY can be ascertained as the cause. Always qualify all American Medical Association.) perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-

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Ser AS MY

N. B.—Every Item of information should be carefully supplied. ACE should be stated EXACTCY, PHYSI-CIANS should state CAUSE OF DEATH In plain terms so that it may be properly classified. Exact CORD AINLY, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
A A	Registration Dist. No. 14
Village or City MANNE Elizabeth	St.: Ward) Mard (If death occurred is a hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female While Single, Married, Widowed. OR DIVORCED (Write the word)	(Month) 4 (Day) (Year)
6 DATE OF BIRTH Month) (Day) (Year)	that last saw how alive on Dec. 26, 1929.
7 AGE If LESS that I day hre or min.	The CAUSE OF DEATH * was as follows:
a) Trade, profession or particular kind of work (b) General nature of industry	Chronic Myocardites
business, or establishment in which employed or (employer)	(Duration) Zyrs
9 BIRTHPLACE (State or country) Maryfand	Secondary (Duration) yts
10 NAME OF Sacob Stoke	(Signed) M. K. Gray Dhurwat - The
OF FATHER (State or country)	*State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Mary Linga	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Joseph Glabaugh (Address) Thurmonh Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Thursmont and Law 6, 193
Filed JAW. 5 1929 Musque M. Dues Registrar	20 UNDERTAKER ADDRESS Willfride & Oreeger Thuranny
If more blanks are needed, addre.s State Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from laborer, Spinner, (b) Cotton mill; (a) Salesmon, (b) Grocery; (a) Foremon, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nane. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., the first line will be sufficient, e. g., Farmer or Planter, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servent, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Foremon, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Doy For persons who have no occupation Stationary fireman, etc. But in many Architect, -Coal mine, etc. Locomotive engineer, Wom-

Statement of Cause of Death—Name, first, the pissease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiral fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilieria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peritonoeum, etc., Carcinoma, Sorcoma, etc., of (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by roilway traindiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be (name origin; "Cancer" is less definite; avoid American Medical Association.) Whooping cough; Chronic valvular heart disease; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condietc. The contributory Measles;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1.

PLACE OF DEATH	14967 STATE OF MARYLAND CERTIFICATE OF DEATH
County The desire	(90) Registration Dist. No. 145
Village or City Myurla (No. 2 FULL NAME Amonda Elijahih	St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MONSE WIDOWED OR DIVORCED (Write the word)	(Month) (Day), 1920 (Month) (Day), 1920 (Year)
6 DATE OF BIRTH	Alc. 15 1923, 10 Dec. 14 , 1923
(Month) (Day) (Year)	that I leat saw h. A. alive on Se. C
AGE If LESS than I dayhrs. 2.6ds. ormin.?	The CAUSE OF DEATH A was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Clis Tolowlas Disease Hay
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) J. yrs. mos. de
State or country) Manual	Contributory Secondary (Duration)yrs mos d
TO NAME OF FATHER	(Signed) Smer Harp M. C
11 BIRTHPLACE OF FATHOLIC (State or country) Moreful	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
12 MAIDEN NAME OF MOTHER	Accidental, Sulcidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts, or Recent Residents)
18 BIRTUPLACE OF MOTHER (State or country) Markend	At place of deathyrsmosda. State,yrsmosds
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) or Le Coch	Former or usual residence
(Address) Myssilla Md	Franchiel Gemta Den 17,1030
Filed Dee, 16. 1920 William & Machtel Registrat	Sill Bros. Mywilling
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

6 5000

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., Never return "Labover," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, specially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques cupation is very important, so that the relative healthbusiness, that fact may be indicated thus: Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screunt, Cook to report specifically the occupations of persons enwork, or At Home, and children, not gainfully em honsehold only (not paid Housekeepers who receive a (a) Foreman, (b) Automobile factory. The material whatever, write None. Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of oc For many occupations a single word or term on without more precise specification as Day For persons who have no occupation As examples: (a)

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accept, ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerobrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia." Lobar pneumonia, Bronchopneumonia ("Pneumonia."

unqualified, is indefinite); Tuberculosis of lungs, menconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death). 29 ds.; Branchopneumonia use of "Tumor" for malignant neoplasms); Measles;(name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Curcinoma, Sarcoma, etc., of head of "contributory." (Recommendations on stateand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, OF State cause for which surgical operation was under diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite discase rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion," "Heart failure," "Haemor symptomatic), "Atrophy," "Collapse," "Coma," stated unless important. Chronic interstitial nophritis, etc. Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e.g., sepsis, tetanus) may be stated under the three of the injury, as fracture of skull, and conse Poisoned by curbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely taken. For VIOLENT DEATHS State MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. vulsions," (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; "Debility" ("Congenital," "Senile," etc.), Example: Mcasles (disease The contributory (second-(merely

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

1PLACE OF DEATH	1/	06691	07.75 05	
/ 2	83.27		STATE OF	
County Frederick	within the Goise	74-0	CERTIFICATE	OF DEATH
		Kella Tibli	Registration	Dist. No. /2/
Village or City Frederick (No. 2FULL NAME Mrs. Mary Cla		ints St.	St: Ward	(If death occurred I a hospitul or institution, give its NAME is stend of street an number.)
PERSONAL AND STATISTICAL PART	TICULARS	MEDIO	CAL CERTIFICATE	OF DEATH
female colored WIDOWEI	RCED	16 DATE OF DEATH	Sun	19th. 1930
(Write the	word)	17 I HEREB		(Day)(Year) ended the deceased from
March 3, (Month) (Ds		that I last saw h &	192 . to d	30 \$.15 P.
98 3 mos. 6	If LESS than I dayhrs. ormin.?	The CAUSE OF DEA	rred on the date stated.TH * was as follows:	above, atm
(a) Trade, profession or Domestic particular kind of work (b) General nature of industry business, or establishment in		Cezeb	(Duration)	
which employed or (employer)		Contributory Secondary	alerio D	vis mos d
10 NAME OF FATHER WM. Hell.	•	(Signed)	(G Bo (Address) Fre	devel ma
OF FATHER Z (State or country) Md.		*State the Violent Causes, Accidental, Suicida	Discase Csusing Death, state (1) Means of In	or, in deaths from jury and (2) Whether
of Mother Monica Jones	HEEPMEN.	18 LINGTH OF R		tals, Institutions, Trun
13 BIRTHPLACE OF MOTHER (State of Country) Md.		At place of deathyrs	mosds. In the	c. Life mos. d
(Informant) Charles Hall	OWLEDGE	Where was disease con it not at place of de Former or usual residence	I all Sout	Frederick
(Address) Frederick, Md.		St. marks	Com. Petersvill	June 23
15 Filed 23 June 1930 Dra het	Chully Registrat	M. R. Etchi		Frederick, Md.
If more b.anks are needed, add	re.s Ltate Negistra	r, 16 W. Saratoga St.,	Balto., Requesting V.	5, Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

laborer, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precious of the laborer, Farm laborer, Laborer—Cal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. ployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Ilousewife, Ilousehousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation Locomolive engineer, But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros inal menin_itis"); Dinhtheria (avoid use of "Croup"); Statement of the preumonia, Bronchopneumonia ("Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by Committee on Nomenclature of the "E:haustion," "Heart ranue,
> "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," (E:haustion," "Heart failure," "Haemorrhage, st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, American Medical Association.) or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-(secondar) (Recommendations on statement of cause of death as fructure of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJULY or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory

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PLACE OF DEATH	U3440 STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH
Wight the Corp	Registration Dist. No. 131
Village or City Tudwick (No. Cost H	Vard) (If death occurred is a hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Wale White SSINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH , 1930
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h walive on accept 3, 1900
34 vrs. 10 mos. 29 ds. or min.?	The CAUSE OF DEATH * was as follows
occupation (a) Trade, profession or Bond Saleswan particular kind of work	Mening this a boil in his most which is picked with his fingormail, inferting it a
(b) General nature of industry business, or establishment in which employed or (employer)	streptococcie maning to buration) de frecemia mesulta
(State or country) Trederices Co	Contributory Contr
10 NAME OF John N. Clares	(Signed) M. Address) Yellerstown
State or country) Trederick to Med	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER adelaide Hacerman	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Treduct G. Ned	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h? Former or usual residence Programment Care Puldence
(Informant) Tulence ved	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PUT. Oliver Courts Clay 20, 193
15 Filed 23 ang 1980 2 mitters	20 UNDERTAKER 6. E. Chin You Traduck h
If more b.anks are needed, address the Registre	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from guged in domestic service for wages, as Screent, Cook, Housemaid, etc. If the occupation has been changed work, or given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthwhatever, write None. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Plonter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Former (rehousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtion applies to each and every person, irrespective of Physician, Compositor, Architect, Locomotive engineer, r." etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). (b) Cotton mill; (a) Solesman. (b) Grocery: man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted at the conformed the same disease. Examples: Cerebrospical fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

telanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by pr as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart lanure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles, Examples: Accidental drowning; Struck by railway troin-(secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid or intercurrent) Chronic etc. affection need not be valvular heart diseose Nomenclature of the The contributory

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	13777
PLACE OF DEATH	STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH
	Registration Dist. No./ 2/-
Village or City Hospital (No. Frederich	Cly Assistabi: Ward) (If death occurred in a hospital or institu-
2FULL NAME lugere lo any	tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
male White OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
January 31, 1930	OW 30 1930 to NOT 1 .1930.
(Month) (Day) (Year)	and that death occured on the date stated above, at 4 Pm.
If LESS than dayhrs.	The CAUSE OF DEATH "Away as follows:
yrs. mos. ds. or min.?	Interstional Intersucception
(a) Trade, profession or	- /
particular kind of work	
business, or establishment in which employed or (employer)	
9 BIRTHPLACE	Contributory Secondary
(State or country) Maryland	(Deration) yis mos da
10 NAME OF FATHER R	(Signed) En Thomas M.D.
of 11 BIRTHPLACE Just mond W, Clary	nov 1 1930 (Address) Frederick Wed
OF FATHER (State or country) maryland	*State the Discase Causing Death, or, in deaths from Vlolent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER of Corida & Burke	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Pospitals, Institutions, Trans-
18 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or country) Maryland	At place of death yrsmos. / ds. In the State of death ds. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mr. Raymond D. Clary	Former or usual residence. Plann No. 4 Fuells Cr. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) mt ary md	marvin Chapel Cemetery nov. 4. 19 30.
15 Filed 3- Nolunta 1980 Doa.] Mclaudy	20 UNDERTAKER LADDRESS
If more blanks are needed, addross State/Registrar,	16 W. Saratoga St., Walto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Pluxler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocer," etc.. Without more proved anne, etc. Wom-laborer Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-('wil engineer, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, Physician, tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Serual, Cook, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Aever return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may he indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerchrospital fewer the only definite synonym is "Epidemic cerebrospital meningitis"); *Diphlheria* (avoid use of "Croup"); *Typhoid fewer (never report "Typhoid Pneumonia"); *Lobar pneumonia, *Bronchopmeumonia* ("Pneumonia,");

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasins); unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. (secondary Chronic "Uraemia," "Weakness, "Exhaustion, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, Whoolang approved by Committee on Nomenclature telunus) may be stated under the head of "contributory." carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train American Medical Association.) (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, cough; or intercurrent) affection need not be " "Marasmus," "Old Age," "Shock," Chronic ," etc., when a definite disease Example: Measles (disease valeular heart disease; etc. The contributory Mensles ;

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1930

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County Trederick	CERTIFICATE OF DEATH
	Registration Dist. No./2/
Near of Mart	
Village or City Frederick (No. Montey	tion, give its NAME in stead of street and
2FULL NAME Course Col	ay. number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED Widowed OR OIVORCED OR OIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH	I HEREBY CERTIFY, That Lattended the deceased from
(Month) (Day) (Year)	that I last saw h & alive on 5 nors. / T 192 2
7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, at
79 yrs. 10 mos. ds. or min.?	
8 OCCUPATION (a) Trade, profession or	
particular kind of work None	Rectaries presency
(b) General nature of industry business, or establishment in	2.1
which employed or (employer)	(Duration)mosds
PERTHPLACE	Contributory Secondary
(State or country) Maryland	(Duration) Trs. mos. de
TO NAME OF STATE OF THE STATE O	(Signed) M. D.
11 BIRTHPLACE	2m 2 192 3 (Address) Mon 21-20
OF FATHER (State or country) Maryland	*State the Piscase Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Buth Condon	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Moaryland	At place of death 24 yrs mos ds. In the State 79 yrs. 10 mos ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea h?
(Informant) Richard G. Molesworth	Former or usual residence Near Woodville, Ji lag. Med:
(Address) Baltimore Mod.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Nov 22 1930
15 Filed 2/- Son 1920 Joa Mcauly	Thomas T. These Frederick
	r, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.
If more plants are negled, address trate hyperical	

(Approved by U. S. Census and American Fublic Health Association.)

*ployed, as Al school, or Al home. Care should be taken should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Flanter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Without mine process. Coul mine, etc. Wom-laborer, Farm laborer, Laborer—Coul mine, etc. Wom-Spinner, nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to e.ch and every person, irrespective ci whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Colton mill; (a) Salesman, For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondar) or intercurrent) affection need not be st. ted unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of .. (name origin; "Cancer" is less definite; avoid peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

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Dr. B. a Thomas

WRITE

X. B.

	05540
PLACE OF DEATH	STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH
County	
0 10 1 11	Registration Dist. No. 3
Village or City Ocoddock Henselle	St.: Ward) (If death occurred in a hospitul or institution, give its NAME instead of street and
2FULL NAME JULIEU Hami	Con Calellaty number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white Single, Married, Wildowed. Warried (Write the word)	16 DATE OF DEATH May . 23, 19230 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
lent. 25 1877	March 14 1980. to May 23, 1980.
(Month) (Day) (Year)	that I last saw h malive on May 23 , 1936,
7 AGE If LESS than	and that death occurred on the date stated above, at 2:36 m.
I day hrs.	The CAUSE OF DEATH * was as follows:
Offyrs. mos. J. ds. or min.?	
8 OCCUPATION La) Trade, profession or	Carcinomatair
particular kind of work forman	Primary. Carcinema of Storuch
(b) General nature of industry business, or establishment in	about,
which employed or (employer) Wall Toals our	Duration)
9 BIRTHPLACE (State or country)	Contributory Secondary
I 10 NAME OF	(Duration) yrs. mos. Zds.
FATHER TOTAL Q C. C. C. C.	(Signed) A Klusser & Jakonly M. D.
11 BIRTHPLACE	may 24 1980 (Address) Frederich Mode
OF FATHER Z (State or country)	State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Spanish a Northertical	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER	At place of death
(State or Country)	Where was disease contracted, it not at place of dea h?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or h
(Informant) Mrs. L. A. Coblenty	usual res.dence Judanus Figure
(Address) Braddock Heighte my	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mid May 36.
	20 UNDERTAKER ADDRESS
Filed 24 luay 1926 for weturely	MIR Total

It more b.anks are needed, addre.s Ltate Kegistrar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., without more precise specimeanum and laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to e.ch and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Solesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material whatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-For many occupations a single word or term on (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosinal meninaitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Ilaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease (secondar or intercurrent) affection need not be st. ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meosles; unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-Whooping cough; (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy train taken. For VIOLENT DEATHS state MEANS OF INJULY "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; nephrilis, etc. The contributory

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Frederico Registration Dist. No. 13/ Village or City Frederick (If death occurred in a hospital or institution, give its NAME inatend of street and PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 3 SEX 16 DATE OF DEATH MARRIED. WIDOWED. OR OIVORCED (Write the word) I HEREBY CERTIFY, That I sepended the secessed from 6 DATE OF BIRTH that I last saw house (Nonth) (Day) (Year) and that death occured on the date stated above, 7 AGE IIf LESS than I day hrs. The CAUSE OF DEATH * was as follows: 2 2 da or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF 11 BIRTHPLACE OF FATHER ENT Disease Causing Death, or, in Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. (State or country) 2 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 18 BIRTHPLACE At place In the OF MOTHER State...? yis...... ds. of death (State or country Where was disease contracted, if not at place of death?

Saratoga St., Batto., Requesting V. S. No. 1.

Il more bianks are needed, address State Registrar, 16

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should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Impluborer: Furm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spewner, nature of the husiness or industry, and therefore an Physician, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as Al school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, (b) For many occupations a single word or term on or At Home, and children, not gainfully em-(b) Cotton mill; (a) Salesman. (b) man, (b) Automobile factory. The Compositor, For persons who have no occupation Stationary fireman, etc. But in many Architect, Locomolive engineer, (b) The quesmaterial Grocery;

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cordrosymul fener** (the only definite synonym is "Epidemic cerebrosymal meningitis"); *Diphtheria** (avoid use of "Croup"); *Synhold fener** (never report "Typhold Pneumonia"); *Lobar preumonia, *Bronchopneumonia** ("Pneumonia");

"Inanition," "Marasmus," "Old Age," "Shock, stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease causing (secondary use of "Tumor" for malignant neoplasms); "Exhaustion, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury or as probably such, if impossible to determine definitely approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway train American Medical Association.) (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopncumonia (secondary), interstitial nephritis, cough; 10 intercurrent) affection need Chronic redudar heart disease; etc. The contributory Measles ; not be etc., of

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PLACE OF DEATH

(Year)

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 14/
_	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	MEDICAL CERTIFICATE OF DEATH
-	16 DATE OF DEATH
1	10038
=	(Month) (Day) (Year)
	HEREBY CERTIFY, That I attended the deceased from
_	1920 to 1982
_	that I last saw he alive on Sept 17 193
n	and that death occurred on the date stated above, at
8.	The CAUSE OF DEATH * was as follows:
	Brench, Rounning
	g
	(Duration) yrs. mos. ds.
	Contributory Secondary
	(Duperon) mos de.
	(Signed)
-	3/1/8 193, (Address) /3 row Swelf m
_	V *State the Discaso Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homlcidal.
-	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	At place of death
-	Where was disease contracted, if not at place of death?
	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
-	Jenk Helight Junsun & Hell 17.130
	20 UNDERTAKER ADDRESS

PERSONAL AND STATISTICAL PARTICULARS

5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED.

OR DIVORCED (Write the word)

6 DATE OF BIRTH

(Month) (Day)

> IIf LESS tha I day hr

B OCCUPATION (a) Trade, profession or particular kind of work

(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country)

7 AGE

important.

INAME OF EATHER-11 BIRTHPIACE

PARENTS OF FATHER (State or country) 12 MAIDEN NAME

OF MOTHER 13 BIRTHPLACE

OF MOTHER (State or Country

KNOWLEDGE 14 THE ABOVE IS TRUE

(Address

If more bianks are needed, address State Registrar, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthen at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from dcfinite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed etc., For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Coal mine, etc. Wom-(b) Grocery;

Strtement of Cause of Death—Name, first, the pister EACL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

approved by stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonitis, "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, as fracture of skull, and consequences (e. g., sepsis, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "E:haustion," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ezhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need Whooping (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death tetamus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY can be ascertained as the cause. "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; Committee on Nomenclature of the Chronic valvular heart disease; etc. The contributory Always qualify all not be

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S. No. 1

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	PLACE OF DEATH County Frederick	09225 STATE OF MARYLAND CERTIFICATE OF DEATH
	Village or City State San Mittoriu	Registration Dist. No. 39 St.: Ward) (If death occurred in a hospital or institution, give its NAME is
	2FULL NAME Edward I.	stead of street and number.)
3	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH QUA 2 5 , 1913 (Month) (Day) (Year)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from 192 1. to aug 25 192 3, that I last saw h Malive on aug 2.5 192 3,
	3 4 yrs. 3 mos. 4 ds. or min.?	and that death occurred on the date stated above, at //. 15 A.m. The CAUSE OF DEATH * was as follows:
N	(a) Trade, profession or yas Station Ollenda	nt
1	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsde.
	9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Design) Jyrs. A. Arnosds.
	10 NAME OF FATHER Charles Collins	(Signed) Alward Shaffer M. D. Qua 25 1923 O (Address) State Sanatorum Mc
	OF FATHER (State or country) OF GATHER	*State the listage Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER RYSE Mc YEL	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country) Maryland	At place of death yrs / 1 mos / 6 ds. In the 3 4 yrs 3 mos 4 ds. Where was disease contracted, 10 and 10 ds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dealer?
	(Informant) V.a. Gardner (Address) State Sanatonin Ma.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 19 19 19 19 19 19 19 19 19 19 19 19 19 1
	Filed 192 Registras	20 UNDERTAKER M. L. Cleager Humoni
11	If more blanks are needed, addre.s Ltate Kegistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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tired 6. yrs). Spinner, should be used only when needed. As examples: (a) work, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Womadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed g ged in domestic service for wages, as Scrvant, Cook, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocployed, as At school, or At home. Care should be taken Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, For persons who have no occupation (b) Automobile factory. The material Locomolive engineer, 6 Grocery;

Statement of Cause of Death—Name, first, the DISEAL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feee (the only definite synonym is "Epidemic cerebrospinal meningitis", Diphtheria (avoid use of "Croup"); Typhoid feeer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

unqualified, is indefinite); Tuberculosis of lungs, menstated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Assurat approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., scpsis, Examples: Accidental drowning; Struck by railway train-"Uracmia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is loss definite; avoid Chronic valvular heart disease; etc. The contributory Namenclature of the

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S. No. 1

PERSONAL AND STATISTICAL PARTICU 3 SEX White 4 COLOR OR RACE White White S SINGLE, MARRIED, MARRIED, OR DIVORCED OR DIVORC	Village or City	Bra.	ddock He	eigh (No.	_ 0
3 SEX MARIED. White White White Widowed. OR DIVORCED (Write the word) 6 DATE OF BIRTH Nova 2, (Month) (Day) 7 AGE 63 3 O Month) (a) Trade, profession or Retired Merchant particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWL	2FUI	LL NAME	C. (Carroll (Coll
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OF MOTHER (State or Country) Ohio 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWL		HER	artha 1	unn Colla	nus.
		LACE /			
(Line) A B Collman	13 BIRTHP		Ohio		
(informant) A. D. VOLLAND	13 BIRTHP OF MOTI	r Country)		OF MY KNO	WLE

01632 STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No. / 2/

(If death occurred in a hospital or institu-Ward) tion, give its NAME in-stead of street and number.)

LARS	MEDICAL CERTIFICATE	OF DEATH
rried	is date of death February (Month)	2, 1930 , 192(Day) (Year)
., 1.867 (Year)	that I last sww holes alive on 3/1	tended the deceased from
If LESS than	and that death occurred on the date state	d above at 4m
I day hrs.	The CAUSE OF DEATH * was as follows:	
or min.?	0 1	
	Carcuna 9	Jonque-
		Y
		······································
	Aburation) 2	yısds
	Mulaslines & rengera	1 x Dut-llear
	Secondary Life y	yısds
	(Signed) To My, eu	M. D
	Feb. 3, 1950 (Address) Freder	
	*State the I-is ase Causing Death Violent Causes, state (1) Means of I Accidental, Suicidal or Homicidal.	or, in deaths from njury and (2) Whether
	18 LENGTH OF RESIDENCE (For Hosp	
	ients or Recent Residents)	
	At place of deathyrsds. Sta	e ateyrs,mosds
EDGE	Where was disease contracted, if not at place of dea.h?	
	Former or , usual residence	10 200 000 000 000 000 000 000 000 000 0
	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
*****************	Greenmount Ce. Baltimore	Feb 4 , 19
July	M. R. Etchison & Son	Frederick, Md.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

ilmus, Sr.

(Approved by U. S. Census and American Public Health Association.)

'definite salary), may be entered as Housewife, Housework, or At Home, and ehildren, not gainfully employed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman" "Manager," "Dealer," etc., without more precise pecification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employment the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation Locomoty is necesin many engineer,

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphial fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphilicria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); as fracture of skull, and eonsequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify ali causing death), 29 ds.; Bronchopneumonia (secondary) Chronic interstitial nephritis, American Medical Association.) Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJULY State eause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; etc. The contributory Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH County Treasiek Within the Corpo	STATE OF MARYLAND
Frederick 257 Dill Av	(101-cu) Projection Dist Ni /3/
Village or City(No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
sex 4 COLOR OR RACE SINGLE, MARRIED, SINGLE WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Nay 10, 1930, 192 30
April 15, 855	(Month) May (Day) 10, (Year) 30 17 1 HEREBY CERTIFY, That I attended the deceased from May 10th, , 192 3,
(Month) (Day) (Year) 7 AGE 75 yrs. 0 mos. 25 ds. or min.?	that I last saw her elive on May 10th , 192 3, and that death occurred on the date stated above, at 8.35 P. m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or At home particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Lobar Pneumonia (Durstion) yrs. mos 11 ds. Contributory
(State or country) 10 NAME OF FATHER Samuel Compher 11 BIRTHPLACE	Secondary (Duration) yre mos. ds. (Signed) M. D.
OF FATHER Vas (State or country) 12 MalDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER TANNAL VILLIAMS 13 BIRTHPLACE OF MOTHER (State or Country)	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deeth yrs mos ds. Where was disease contracted,
	Former or usual residence 257 Diel are Fieldeinel
(Address)	19 PLACE OF BURIAL OR REMOVAL It. Olivet Cen., Tred. Nay 12, 1930
Filed 1 1 1 1020 de 1 11 8 844 de 1	20 UNDERTAKER M. R. Etchison & Son Frederick, Id.
(Address) Frederick, Mi. (Address) Filed 12 - Way 1930 Fra Juluny: Registran	Where was disease contracted, if not at place of deah? Former or usual residence 257 Diel are. Fieldeitely 19 PLACE OF BURIAL OR REMOVAL It. Olivet Cen., Tred. 20 UNDERTAKER ADDRESS

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ci Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-(a) Foreman, Spinner, (b) Colton mill; (a) Salesmon, sary to know or Al Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Form laborer, Loborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the 6 Grocery;

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meninatis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway troin-(secondary or intercurrent) affection need not be American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Example: Measles (disease etc. The contributory volvular heart disease; Measles ;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

900		PERSO	NAL ANI	STATIST	ICAL PART	CULAR
ehould be stated tit may be propose s on back of cert		le	whit	R OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORO (Write the w	CED
Ehou It me	6 [DATE OF BIR	тн			
ACE eh			Augu	(Month)	15th. (Day)	, 1.
iled. A ms so t nstruct	7 A	GE.	76	10 rs.	15	If LE I day _ds. or
Every Item of Information should be carefully supplied. ACE ECIANS should state CAUSE OF DEATH in plain terms so that statement of OCCUPATION is very important. See Instructions	PARENTS 6	articular kin b) General n usiness, or e rhich employ BIRTHPLACE (State or co 10 NAME C FATHER 11 BIRTHPL OF FATH (State o 12 MAIDEN OF MOTI 13 BIRTHP OF MOTI 15 BIRTHP OF MOTI 16 State or 17 MAIDEN OF MOTI 18 BIRTHP OF MOTI 19 BIRTHP OF MOTI 19 BIRTHP OF MOTI 10 State or 11 Commandation of Motion 12 MAIDEN OF MOTION 13 BIRTHP OF MOTION 14 BIRTHP OF MOTION 15 BIRTHP OF MOTION 16 State or 17 Commandation of Motion 18 BIRTHP OF MOTION 19 Commandation of Motion 19 Commandation of Motion 10 Commandation of Motion 10 Commandation of Motion 11 Commandation of Motion 12 Commandation of Motion 13 BIRTHP OF MOTION 14 Commandation of Motion 15 Commandation of Motion 16 Commandation of Motion 17 Commandation of Motion 18 Commandation of Motion 19 Commandation of Motion 10 Commandation of Motion 10 Commandation of Motion 10 Commandation of Motion 10 Commandation of Motion 11 Commandation of Motion 12 Commandation of Motion 12 Commandation of Motion 13 Commandation of Motion 14 Commandation of Motion 15 Commandation of Motion 16 Commandation of Motion 17 Commandation of Motion 18	rofession of dof work acture of instablishment of the country) John ACE HER T COUNTRY) NAME HER S LACE HER COUNTRY) IS TRUE Mrs.	rdustry ent in ployer) rginia Compher Virginia Virginia	iley nia of MY KNO	
1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	15	Filed 1-	uly	19 30 dr	af he	Regis

PLACE OF DEATH

County Frederick

Village or City Jefferson

2FULL NAME George Washington Compher

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 12/

St:Ward)	a hospital	ts NAME in
	stend of	street and

AL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICAT	E OF DEATH
white S SINGLE, WIGOWER WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH June (Month)	192
August 15th., 1853 (Month) (Day) (Year) 76 10 15 ds. or min.?	17 I HEREBY CERTIFY, That I Live 1 last saw have alive on and that death occurred on the date sta The CAUSE OF DEATH * was as follows	attended the deceased from MMU, 30, 1920, MMC-30, 1920, sted above, at 7. P. m.
ession or Laborer of work ure of industry ablishment in	angina Per	~
try) Virginia	(Signed) W. Hayes Gr	ouu M. D.
John Compher CE Country) Virginia	*State the Disease Causing Met Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	Gerson, Md
R Susan Fawley CE R OUNTRY) Virginia TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hoients or Recent Residents)	
Mrs. Grover C. Shaff, S. Jefferson, Md.	Former or usual residence	July 2, 30
ly 1930 Draf wellwely Registral Af more b.anks are meded, address tate fegistral	M. R. Etchison & Son , 16 W. Saratoga St., Baito., Requesting	Frederick, Md.

(Approved by U. S. Census and American Fublic Health Association.)

work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to e ch and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, whatever, write None. report specifically the occupations of persons en-For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Dinhlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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instructions

7 AG

13 BIRTHPLACE

04268

STATE OF MARYLAND CERTIFICATE OF DEATH

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16

a)_/	Registration	Di

(If death occurred in a hospital or institu-tion, give its NAME is -St.: Ward) stead of street and number.)

2FULL NAME Permelia Compton

Female	Whits	SSINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
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	1	7	12	1844	
		(Month)	(Day)		(Year)
E				[If LE	SS than
	0	1 -	211	1 day	hrs.

(a) Trade,	profess		Har	rarwiele
010	Y	(. 1		

(b) General nature of in business, or establishmer which employed or (emp	it in
9 BIRTHPLACE	01.

	(State of Country)	mo
	10 NAME OF Dayley	Catlet
2	11 BIRTHPLACE OF FATHER (State or country)	Va
AN	OF MOTHER	abeth Huff

ĺ	•	(State o	10	ountry)	1		- 1/			-	
į	THE	ABOVE	IS	TRUE	TO	THE	BEST	OF	MY	KNOWLEDGE	

	(Informant) Miss Carpl	line Compton	
	(Address) Bun	nswick Ind	
5	Filed apr \$ 9 1930	lus HJ. Hr.	La
		Regi	strai

DATE OF DEATH	This	Zd	1.000
	(Month)	(Day)	(Year).
	1920 to	ttended the de	ceased fro

MEDICAL CERTIFICATE OF DEATH

		-		1.00
and that death	occurred on	the date	stated above,	at / : 30 A m
The CAUSE OF	DEATH * w	as as follo	ws:	

Post	10 10	
	(Durstion)	yrs. mos. d
Contributory Secondary		

			(Distance	n)	y.		mos		a
(Siened)	1	/_/_	1777			·	0	N	[,]
1200 2	910	AA	drash	The same	-	0	12	-0	-
<i></i>		D'			or Man				

	*State the	Disease	Causing	Death,	or,	in	death	as from
	Violent Causes Accidental, Suic	s, state (1 cidal or Hon) Means	of Inj	iury	and	(2)	Whether
-			THE RESERVE THE PERSON NAMED IN			-		

ienta or Recent Residents)	
At place of death vrs. mos. ds.	In the State yrs mos d

of deathyrs,	mosds.	Stateyrsmosa
Where was disease	contracted, death?	***************************************

Former or usual residence	
	D.T. 0

Enon	wow	an 30.	1932
O UNDERTAKE	R	ADDRESS	A
17 TA 6	33+2 4Sm	Bunswick	mid

If more bianks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Every

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planler, tion amplies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DISEASS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

causing death), 29 ds.; Bronehopncumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencan be ascertained as the diseases resulting from childbirth or miscarriage as "(E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n_ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-(Recommendations on statement of cause of death American Medical Association.) Never report mere symptoms or terminal condiperilonaeum, etc., Carcinoma, Sarcoma, etc., of Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH			
	County I redende.			
	Vil	lage or Chyllmirmille, (Nd. F. S. MX. C		
	2 FULL NAME Edward &, Come			
	PERSONAL AND STATISTICAL PARTICULARS			
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MANNEY, WIDOWED. OR DIVORCED. OR DIVORCED.				
	-	Male White OR DIVORCED (Write the word)		
	0 1	nov. = / = . 1863.		
		(Month) (Day) (Year)		
	7 A	GE If LESS than		
		66 yrs. 8 mos. 7/ ds. or min.?		
	80	occupation a) Trade, profession or 4		
1	P	articular kind of work Jumen,		
	b	vhich employed or (employer)		
	1	BIRTHPLACE		
		(State or country) Maryland.		
		10 NAME OF FATHER POSEMA Condon		
	S	11 BIRTHPLACE		
OF FATHER (State or country) Maryland. 12 MAIDEN NAME OF MOTHER Rebecca Brasham.				
				13 BIRTHPLACE OF MOTHER (State or Country) Maryland.
	14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		
		(Informant Mr. Jophia Corelan		
		Radfress. Int. airy. ml.		
	15	Filed July 23 1930 MA Cutacan		

Registrar

If more banks are needed, address Ltate Registr

08002 st

STATE OF MARYLAND CERTIFICATE OF DEATH

	74-a CERTIFICATE OF DEATH
,	Registration Dist. No. 37
	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH July - 32 = 1950.
=	(Month) (Day) (Year)
3.	that I last saw h 100 alive on 100, 1972, 1982,
n	and that death occurred on the date stated above, at 9:41 m.
s. .?	The CAUSE OF DEATH * was as Collows:
	Haemorrhag in Brain
••	
	(Duration)vrsmosds,
	Contributory Secondary
	(Signed) Menus D- Manue M. D.
-	fully 1 1 1920 (Address) My Williams
1	*State the Disease Causing Death, or, in deaths from Yiolent Causes, state (1) Means of Injury (2) Whether Accidental, Suicidal or Homicidal.
-	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	At place of deathyrsmosds. In the Stateyrsmosds.
-	Where was disease contracted, if not at place of dea.h?
	Former or usual residence
	Prospect cemetery July 24, 1920.
	20 UNDERTAKER ADDRESS
•	16 W Santon St. Batto Requesting V. S. Son I.
-	16 W Saratora St. Baito. Requesting V. S. Mo. 1.

V. S. No. 1

N. B.-

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise speciments. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton mill; (a) Salesman, For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, ""Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; etc. The contributory

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PLACE OF DEATH	STATE OF MARYLAND
County frederick.	CERTIFICATE OF DEATH
4	Registration Dist. No. /2/
Village or City Jaederick Consty 1000	St: Ward) (If death occurred in a hospital or institution, give its NAME in stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, Married. Fundle White (Write the word)	16 DATE OF DEATH , 1990
May 3, 1914 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from May 15 1930. to May 23, 1930, that I last saw h Lealive on May 23, 1930
7 AGE Syrsmos / ods. ormin.?	
(a) Trade, profession or particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer)	(Dgration) yrs. mos. da
9 BIRTHPLACE (State or country) 7a.	Contributory Secondary Classical Durstion J. Tree mos. de
10 NAME OF Calsin morris.	(Signed) El Thomas M. D.
OF FATHER Z (State or country) 12 Maiden Name	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER (Sive V. Berry.	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Translients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs mos ds. In the State from mos ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or Chartle - a Mark
(Informant) Woodbrine Ind.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Bettel Cemetery, May 45, 1930
Filed 23-leay 1980 Free Jucliudes Registrai	20 UNDERTAKER ADDRESS ADDRESS Mary ield mod
If more banks are needed, address tate Negistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. I.

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealcases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a For many occupations a single word or term on or At Home, and children, not gainfully em-

Statement of Cause of Death—Name, first, the DIS. EASE CAUSING DEATH (the primity affection with respect to time and causation), using always the same accepted term for the same diselse. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal maningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy," (E:haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," (secondar/ or intercurrent) affection need not be st_ted unless important. Example: Measles (disease st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; ingcs, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-Never report mere symptoms or terminal condi-

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PLACE OF DEATH	STATE OF MARYLAND
County Fredericks	CERTIFICATE OF DEATH
0.21	Registration Dist. No. /2/
Village or City Mear Jeffer No. 12 2FULL NAME JUN 1	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white Single, Married Wildowed OR DIVORCED (Write the word)	16 DATE OF DEATH APRIL 9-3, 19230 (Month) (Day) (Year)
6 DATE OF BIRTH March 19, 1861 (Month) (Day) (Year)	that I last saw h M attee on d April 23 1920,
7 AGE If LESS than	and that death occurred on the date stated above, atm,
6 9 yrs. 1 mos. 4 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	Chr. Myocarditis
(a) Trade, profession or familiary particular kind of work	Displa tera
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) Zyrs. mosds.
9 BIRTHPLACE (State or country) Mary And	Contributory Secondary (Duredon) 78. mos. ds.
10 NAME OF BLY, COOR.	(Signed) Jauler. M. D. April 24 1929 (Address) Frederick ad
OF FATHER (State or country) Waryland	*State the Pis-ase Causing Death, or, in deaths from Violent Causey, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Elizabeth Slackman	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Truns- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Maref Sur	At place of deathyrsmosds. In theysmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dealing.
(Informant) Mus Jausia 7. E. Cook	Former or usual residence of flustone Mit
(Address) Frederice Ma, R.D. #4	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL SIGNAL SERVICE SIGNAL SERVICE SIGNAL SIGN
15 Filed 23 Ofer 1980 day hetwely	M. C. Oschison for fragencies my
If more b.anks are needed, addre.s Ltate togistrar	, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

01900

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more process. Coal minc, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective c tired 6 yrs). For persons who have no occupation work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, For many occupations a single word or term on Stationary fireman, etc. But in many (b) Automobile factory. The material Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Drepsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Example: Measles (disease (name origin; "Cancer" is lcss definite; avoid use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; or as probably such, if impossible to determine definitely "PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJULY Chronic valvular heart disease; etc. The contributory not be

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PLACE OF DEATH ,	01633 STATE OF MARYLAND
County fulderell	CERTIFICATE OF DEATH
	Registration Dist. No. / 30
Ville of Carlo ON	(16 double provinced in
Village or City (No. Poo	St.: Ward) a hospital or institu- tion, give its NAME in-
2FULL NAME Martha Elle	u look stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
female Color or RACE SINGLE, MARRIED. MIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 766. 3, 19230 (Month) (Day) (Year)
DATE OF BIRTH april 25, 184	170 I HEREBY CERTIFY, That I attended the deceased from 27 1930 to 70 3 , 1956,
(Month) (Day) (Year)	that I last saw h a alive on 2, 1908,
7 AGE If LESS than	
1 1 day hrs. 9 mos. 8 ds. or min.?	The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or particular kind of work	Foban proumohia
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs. mos ds.
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Duration) yrsde.
10 NAME OF Havry Butter	(Signed) React Tent une M. D.
OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME OF MOTHER	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
of MOTHER WINDOW	ients or Recent Residents)
OF MOTHER (State or Country) Uniferious.	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
M. 1 7 11/6 /2	Former or usual residence
(Informant) (Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Dule Md.	Frimmer Fred Felo 5, 1930
15 Filed Fely 3 1930 Telyla Registrai	M. R. Olchison Son Frederick
If more banks are needed, addre s Stato Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever. write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has becu changed gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Paborer, Farm tauviet, Lawrence on the duties of the en at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. etc., Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 8 Grocery;

Stytement of Cause of Death—Name, first, the Dis-EA: CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrostinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tclanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury. or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway train-(secondary Whooping cough; American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) affection Chronic valvular heart disease; etc. The contributory need not be

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A	SI-	1PLACE OF DEATH WON	12422 STATE OF MARYLAND
C LIM	EXE	County Fredrick, WITHIN CORPOR	CERTIFICATE OF DEATH
	- pe		Registration Dist. No. 14/
ORD	Classificate.	Village or City The Wille (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street annumber.)
Ö	d E)	2FULL NAME TANKS	Rumber.)
	ope	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
DING	uld te st nay be pr back of	3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) 2 (Day) / (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
A PER	E cho	August 29 , 1916 (Month) (Day) (Year)	that I last saw has alive on Oct 20
S	AC th	7 AGE If LESS than	and that death occurred on the date stated above, at . S
IIS II	ied.	1 day hrs. 1 day hrs. or min.?	The CAUSE OF DEATH * was as follows:
VEI TH	ippi tern	a occupation (a) Trade, profession or	acide Parenelymotors
ER-X	y st ain Se	particular kind of work	Melhites
SES II	full p pla ant.	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs 3 mos de
7 2	H II	9 BIRTHPLACE	Contributory Secondary
GII	be c EAT imi	(State or country) Knoxville, Wal	(Duration) / yrs most wad
IAR	FD	FATHER OF SALES	(Signed)
Z H	sho is v	o II BIRTHPLACE	10/2.6 1250 (Address)
MIN	SUS ON ON	C (State or country)	*State the lisrase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
-	nati CC	12 MAIDEN NAME OF MOTHER TILLIAM Schools	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Iran ients or Recent Residents)
Z	forr tate	13 BIRTHPLAGE OF MOTHER	At place In the
	d in	(State or Country)	of death yrs mos ds. State yrs mos d Where was disease contracted, if not at place of death?
'n	n o noul	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence
RIT	ter nen	(Informant) Dasy Leener	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
M	Every CIANS stater	(Address) Merentry ma	Knowille Md Oct 22, 180
No. 1	S C E	Filed Oct 21 1930 ms 4. S. Helys	20 UNDERTAKER ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS
oğ.			10 W Santage St. Balta Requesting V. S. No. 1.

If more banks are needed, address Ltate Registrar, 16 W. Saratoga St., Balto., Requesting

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH ployed. as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm tavorer, Lawrence en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re Housemuid, etc. If the occupation has been changed g. ged in domestic service for wages, as Servant, Cook household only (not paid Housekcepers who receive a Physician, Compositor, Architect, Locomotive engineer, to report specifically the occupations of persons enetc., Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid I fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Atrophy.
"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E::haustion," "Jeart failure," "Haemorrhage,"
"Shock." "E:haustion," "Marasmus," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Always quilify all stited unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. Then ture of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary use of "Tumor" for malignant neoplasms); Measles (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Whooping cough; "Atrophy." "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi or intercurrent) affection Chronic etc. The contributory valvular heart disease, Nomenclature need not be etc., of

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent turther correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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No. 1

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PLACE OF DEATH County Frederick

12421 (3)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist.	No. 14/
	If death occurred in
tion	n, give its NAME in- ead of street and imber.)
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF D	DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIEO, MARRIEO, SINGLE, MARRIEO, MARRIEO, SINGLE, MARRIEO,	1977
(Month) (Day) , 1930 that Last saw h alive on	
7 AGE If LESS than and that death occurred on the date stated above the company of the comp	ve, atm,
(a) Trade, profession or particular kind of work (b) General nature of industry	*
The first of the second for	ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER (Signed) (Signed) (Signed)	mos de.
OF FATHER (State or country) (Address) (Address) (Address) (State or Causing Death, or, Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal.	in deaths from and (2) Whether
OF MOTHER OF MOTHER OF MOTHER (State or Country) 12 MAIDEN NAME OF RESIDENCE (For Hospitals, ients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,	Institutions, Trans- yrsds.
(Informant) And Robbies if not at place of dea.h?	
(Address) / huf ville Knyfyille Mid Oc	22, 130

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Form laborer, Loborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesmon. (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits ean be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, greed in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Doy Stationary firemon, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EACE (AUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature of the stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death carbolic acid-probably squade. Then ture of the injury, as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of had homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HONICIDAL, "PUERPERAL septicacmid," "PUERPERAL peritonitis, ean be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "IIaemorrhage," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underunqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Uraemia," "Weakness," etc., when a definite disease (secondary "Atrophy," "Collapse," "Coma," "Convulsions," perilonaeum, etc., Corcinoma, Sarcoma, Never report mere symptoms or terminal condiinterstitial nephritis, cough; or intercurrent) Chronic valvular heart affection need etc. The contributory disease; not be ete., of

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queshousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Camposilar, Architect, Lacamoline engineer, Civil engineer, Stationary freeman, etc. But in many the first line will be sufficient, c. g., Farmer or Planter, cupation is very important, so that the relative health. Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from guged in domestic service for wages, as Servant, Caok ployed, as At school, or At home. Carc should be taken en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer." "Forcman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day (b) Automobile and children, not gainfully emfactory. The material 6 Grocery; Wom-

Statement of Cause of Death—Name, first, the pissease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, inges, perilonaeum, etc., Carcinoma, Sarcona., etc., of (name origin; "Cancer" is less definite; avoid "PUERPERAL seplicacmia," "PUERPERAL perilonilis," etc. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmeumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory."! carbalic acid-probably suicide. The nature of the injury, can be ascertained as the cause. Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-hamicide; Poisoned by Examples: A ccidental drowning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as Chronic Example: Measles (disease etc. The contributory valeular heart Always qualify all discuse;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact CORD AINLY, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE V 8 No. 1

Village or City Man Nordel	St.: Ward) a hospital or institu-
2FULL NAME John	tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH 15 (Month) (Day) (Year)	that I last saw herealive on 23, 1950,
7 AGE Sayrs. mos. Say If LESS than day hrs or min.	. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or favore particular kind of work	a otal press
(b) General nature of industry business, or establishment in which employed or (employer) Laure farmer	(Duration) yrs. mos. S. ds.
which employed or (employer)	Contributory Secondary (Duration)yrs
10 NAME OF FATHER SAMUEL CAME	(Signed) To 2 M. D. M. D
OF FATHER (State or country)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Susan Duckey	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the
13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death
	Former or usual residence
(Informant) Slenn Cramer (Address) Nordsborom	Woodstoro Nee 3630
Filedole 25 190 Jowell	Frames & Creage Thurmons
If more blanks are needed, address that Kegistre	ar, 16 W. Saratoga St., Balto., Kequesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public . Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Plonter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oewhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scruant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it Civil engineer, Physician, Compositor, Architect, Housemaid, etc. If the occupation has been changed report specifically the occupations of persons enor At Home, and children, For many occupations a single word or term on Form laborer, Laborerwithout more precise specification as Day Stotionary fireman, etc. -Cool mine, etc. Locomotive engineer, not gainfully em-But in many

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the bis-Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cetebrato time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. approved by Committee on Nomenclature of the (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." carbolic ocid-probably swicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitiol nephritis, Whooping use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Coreinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic and consequences (e.g., sepsis, Example: Measles (disease ctc. valvular heort disease; The contributory Measles;

permanently filed. data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and a'l qu stions

RESERVED

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1:	Sign
V	- W
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PLACE OF DEATH

County Frederick

Village or City

3 SEX

7 AGE

RENTS

PA

15

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male

6 DATE OF BIRTH

(a) Trade, profess

particular kind of (b) General nature business, or establ which employed or 9 BIRTHPLACE (state or country 10 NAME OF FATHER 11 BIRTHPLACE

14 THE ABOVE IS T

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 13

Within the Corporate limite

119 Record Frederick

St.: Ward)

(If death occurred in a hospital or institu-tion, give its NAME is a stead of street and number.)

2FULL NAME Noah E. Cramer

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1e white 5 SINGLE, married WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH September 11, 30 [Month] (Day) (Year)
August 11, 1860 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Sept 10 1930 to Sept 10 , 1930. that I last saw h im afree on Sept 10 , 193.0
70 1 0 ds. or min.? CCUPATION Trade, profession or Realitor	and that death occurred on the date stated above, at //130 mi
Trade, profession of reticular kind of work General nature of industry siness, or establishment in hich employed or (employer) RTHPLACE (state or country) Maryland	Contributory Coloral Hemon hage Secondary (Duration) yrs mos ds.
10 NAME OF FATHER George Cramer.	(Signed) M. D. Sept. 12, 1930 (Address) Frederisk, Md
OF FATHER (State or country) Md.	*State the listee Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Sulcidal or Homicidal.
12 MAIDEN NAME OF MOTHER Catherine Reynolds. 13 BIRTHPLACE OF MOTHER (West or Country)	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE James H. Cramer,	Where was disease contracted, it not at place of deah? Former or usual residence 1/9 Record 1/4 Friedensky
(Informant) . (Address) Frederick, Md.	Mt. Olivet Cem., Fred. Date of Burial Sept. 14, 19 30
Filed 12-54 92 Jmany	M. R. Etchison & Son Frederick, Md.

If more banks are needed, addre.s : tate Registrar, 16 W. Saratoga St., Balto., Lequesting V. S. Lo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quoswhatever, write None. or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a Civil engineer, Stationary freman, etc. But in many Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the (b) Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Dinhtheria (avoid use of "Group"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis;" etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by st_ted unless important. American Medical Association.) (Recommendations on statement of cause of carbolic acid-probably suicide. The n-ture of the injury, aceident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Committee on Nomenclature of the Chronic valvular heart disease; Example: Measles (disease

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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	PLACE OF DEATH County Frederick	STATE OF MARYLAND CERTIFICATE OF DEATH
	within the	CERTIFICATE OF DEATH Registration Dist. No. /2/
Vill	2FULL NAME Edgas Schwart Cro	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
-	A STATE OF THE STA	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	Wall. What. SINGLE, MARRIED, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 25, 19230 (Month) (Day) (Year)
6 D	Month (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 200, 25, 19230 that I last saw h alive on 192,
7 A		
1	I dayhrs.	and that death occurred on the date stated above, at
	yrsds. ormin.?	
	CCUPATION	Stell vorse
	a) Trade, profession or articular kind of work	(84 Jaco.)
) General nature of industry	
	usiness, or establishment in hich employed or (employer)	(Duration) yrs. mos. ds.
DE'	IRTHPLACE A A A A A A A	Contributory Secondary
	(State or country) fresherick Cety Hospita	(Durson) yrs mos ds.
	10 NAME OF	(Signed) BOTHER M.D.
	FATHER Edgas Crawford.	Les 25 1930 (Address) Frederic flo
SEN	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
RE	12 MAIDEN NAME PARA	Accidental, Suicidal or Homicidal.
A A	OF MOTHER the schwarz	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	13 BIRTHPLACE	At place la the
	(State or country) Trederich Co.	of deathyrsmosds. Stateyrsmosds.
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
	(Informant) Edgar Clauford	Former or usual residence
	(Informant) Coogs and Alexander	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(0.000)	(Address) Mu Markly Ma.	Mt. Olivet Com. fred Nov 26 10 30
15	Filed 26 - m. 1980 fra McKuly Registrar	M. R. Etchison How Frederick, md
	. If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesmon. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locamotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servont, Cook, ployed. as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a (b) Automobile foctory. The material single word or term on Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrophial fever (the only definite synonym is "Epidemic cerebropsinal meningitis"); Dishtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, "

American Medical Association.) telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus, when a definite disease "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Meusles (disease approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, curbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify ali "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meosles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) Whooping peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. affection need not be The contributory

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KINLT, WITH UNFADING INK-THIS IS A PERMANENT

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING WRITE V. 8. No. 1

PLACE OF DEATH	14969
County Frederick within the const	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 131
Village or City Prederick (No. 224. Dee	Ward) (If death occurred I a hospital or institution, give its NAME In stead of street an
2FULL NAME Catherine Sound	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemal White Single, MARRIED, Withouse or DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH 6 (Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
Nov 25 1849	9 10 1950 to Cle 6 7 , 195
(Month) (Day) (Year)	that I last saw he alive on Clop 5 7, 1920.
7 AGE	
8/ yrs. mos. 12 ds. or min.?	The CAUSE OF DEATH * va as follows:
B OCCUPATION (a) Trade, profession or House be her	Just Valing Heart Ween
particular kind of work (b) General nature of industry	Simo granding
business, or establishment in Ownhorse	(Duration)
9 BIRTHPLACE	Contributory Secondary
(State or country) fa	(Duglion) Jyp. 108. ds
FATHER The Barrens	(Signed) M. D
M 11 BIRTHPLACE	XOOGA 192 ClAddress & the Many
(State or country) Cupuo war	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Winknows	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE	ients or Recent Residents) At place In the
(State or country) Unknown	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
Union Mrs Elmes Railin Claughtin	Former or usual residence
2211 10 10 a - F	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 47 44 4 Fields	INClinet cornelary 12 1, 1930
Filed 6 - dec 1930 Asternice Registrary	20 Undertaker Lalconer How Warkey
If more blanks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
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(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil augineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-." etc., nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile foctory. The material or At Hame, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the -Coal mine, etc. Wom--3.1

Statement of Cause of Death—Name, first, the his-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal favor (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Brouchopneumonia ("Pneumonia,")

> in telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound af head-homicide; Poisaned by or as probably such, if impossible to determine dofinitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traintions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chranic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Example: Measles (disease etc. The contributory Measles;

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No. 1

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PLACE OF DEATH	05543 STATE OF MARYLAND
County Tre dericlo	CERTIFICATE OF DEATH
	Registration Dist. No. / 3/
Village or City Montevue tracular	St.: Ward) (If death occurred in a hospital or institution, give its NAME is stend of street and number.)
-FOLL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE. SINGLE, MARRIED, WIDOWED. OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
May 2 , 1930	192, 192,
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS than I day hrs. ds. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work	Sull born
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs,mosds,
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs
10 NAME OF GRAND PRESE	(Signed) M. D. M. D. M. D. M. D. M. D. M. D.
OF FATHER (State or country) 12 MalDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother ada Baughter	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place of deathyrsmosds. In the Stateyrsmosds.
(State or Country) War and 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
	Former or
(Informant) ame. a. Jones Surer (Address) Northern tropotal Trefered	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 4. Aug 1980 Denoteurs	20 gn Dertaker Las de La Sulvers
If more banks are needed, addre.s tate Kegistra	r, 15 W. Saratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

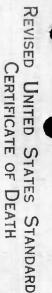
the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more present of the laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tion applies to e:ch and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "For man," "Nanager," "Dealworked on may form part of the second statement business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, 6 Grocery;

Statement of Cause of Death—Name, first, the disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhcid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondar or intercurrent) affection need not be st.ted unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tclanus) may be stated under the head of "contributory." "E:haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-"Congenital," "Senile," etc.), "Drcpsy," "Heart failure," "Haemorrhage, Chronic valvular heart disease; etc. The contributory

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CORD ted EXACTLY, PHYSI. Seriy classified. Exact	PLACE OF DEATH County Trelevek Village or City Buckeystrum (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. / 3 O St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
WRITE WITH UNFADING INKTHIS IS A PERMANENT CLANS should state OAUSE OF DEATH In plain terms so that it may be properly statement of OCCUPATION is very important. See instructions on back of certifications on back of certifications.	PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARKIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH FACE (Month) (Day) (Month) (Day) (Year) 1 AGE 1 If LESS than I dayhrs. 1 dashrs. 1 dayhrs. 2 HRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE (State or country) 2 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 14 THE ABOVE IS TRIE TO THE BEST OF MY KNOWLEDGE (Informant) 1 Address 15 Filed 15 Filed 16 17 18 18 19 19 19 10 10 11 11 12 13 14 15 15 16 16 17 18 18 18 19 19 10 10 10 10 10 10 10 11 11	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from that I last saw halive on last sate dabove, at last last saw halive on last sate dabove, at last last saw halive on last sate dabove, at last last saw halive on last sate dabove, at last last saw halive on last sate dabove, at last last saw halive on last sate dabove, at last last saw halive on last sate dabove, at last last last save halive on last sate dabove, at last last last save halive on last sate dabove, at last last last save halive on last sate dabove, at last last last save halive on last



(Approved by U. S. Consus and American Public Health Association.)

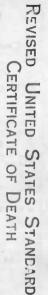
business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," cte., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write None. tired 6 yrs.). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthto report specifically the occupations of persons en-(a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary fremen, etc. But in many Statement of Occupation-Precise statement of oc-For many occupations a single word or term on

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

conditions, such as "Asthenia," "Anaemia" (merely ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-uccident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"Purperal septicaemia." "Purperal peritonitis," diseases resulting from childbirth or misearriage as can be ascertained as the cause. "Uraemia," "Weaknes..." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhausticn." "Heart failure." "Haemorvulsions." "Debility" ("Congenital," "Senile," etc.), symptomatie), "Atrophy," "Collapse," "Coma," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for mulignant neoplasms); Mcastes; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; uvoid unqualified, is indefinite); Tuberculosis of lungs, menhead of "contributory." Poisoned by carbalic acid-probably suicide. The nataken. For violent deaths state means of injury (secondary or intercurrent) affection need not be Nomenclature of the American Medical Association.) Whooping cough; Chronic valvular heart (Recommendations on state-Example: Measles (disease Always qualify all discase; (second-"Con-

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PLACE OF DEATH	05004 STATE OF MARYLAND
County Trederich	CERTIFICATE OF DEATH
Village or City Frederich (No.230) M. E. Story of C. E. Story of C	Registration Dist. No. /3/> Market St.: Ward) St.: Ward) Commendation Dist. No. /3/ (If death occurred in a hospital er institution, give its NAME instead of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemsle White Shingle, MARRIED, WIDOWED OR DIVORCET Curile. (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 LHEREBY CERTINY, That I at ended the deceased from
// 36 , 1838 (Month) (Day) (Year/	that I last saw h () alive on 1921 (9 , 1923 a
7 AGE 9 yrs. 7 mos. 19 ds. or min.	The CAUSE OF DEATH . was to follows:
(a) Trade, profession or particular kind of work (b) General nature of industry	Mys cardis Stransficiency
business, or establishment in which employed or (employer)	(Duration)yrsygosda.
9 BIRTHPLACE (State or country) Frederich My	Secondary (Duration) yra mos do.
10 NAME OF Seo, W. Cromwell	(Sieged) J. M. D. Mating M. D. D. Wally 19. 1980 (Address) Fuldinic Ind.
State or country) Treolerich Mil	Violent Caus. s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Can an Galith Clory	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or country) Theolerich My	At place of death yrs mos ds. In the State into ds.
(Informent) I W, & Carry	Where was disease contracted, if not at place of death? Former or usual residence 230 & workel ft
(Address) Frederick (My)	Wellived Thederick MA 7/21 , 1930
Filed 20-July - 1980 - na Jus-Curry ? Registras	Lawy & Couly Brederick Mg
If more blanks are needed, addross State Registra	r, 16 W Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Sminner. (b) Cotton mill; (a) Salesman. (b) Gracery; fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary from any, etc. But in many cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return 'Laborer," "Foreman," "Lianager," "Deal-Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as Ai school, or At home. Care should be taken worked on may form part of the second statement. r," etc., Foreman, For many occupations a single word or term on Farm laborer, without more precise specification as Day For persons who have no occupation (6) Automobile factory. Laborer-Coal mine, etc. Locomotive engineer, The material Wom-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia");

as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Uraemia," "Weakness," etc., whon a definite disease "Inanition," "Marasmus," "Old Age," "Shock "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 23 ds.; Bronchopneumonia (secondary), stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., ol carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. State cause for which surgical operation was underdiscases resulting from childbirth or miscarriage as can be ascertained as the cause. (secondary Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY g cough; Chronic interstitial nephritis, or intercurrent) affection need not Example: Measles (disease valvular heart disease, etc. The contributory Always qualify all

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Exact PHYSI

	PLACE OF DEATH	01634 STATE OF MARYLAND	
	, ,	CERTIFICATE OF DEATH	
	County Grederick	Registration Dist. No. 32	
	Village or City Vear Jefferson (No. 2FULL NAME Robert Henry Cor	St.: Ward) (If death occurred a hospital or instition, give its NAME stend of street a number.)	itu-
1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	MARRIED. Married Male Mute Stringle. Married OR DIVORCED (Write the word) Out - 15 - 1863	16 DATE OF DEATH LANGE - 23 - , 193 ((Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended the decessed fr Lange - 21 - 1930 to Fish 23 - , 193 thet I last saw have elive on Fish 22 - , 193	o,
	(Month) (Day) (Year Tage If LESS than	and that death occured on the date stated above, et 5.20 Q	
-	B OCCUPATION (a) Trade, profession or		*******
	particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs 2	ds.
	9 BIRTHPLACE (State or country) 10 NAME OF	(Signed) W. Hayes Brown N	da
	FATHER State OF FATHER (State or country)	*State the Discase Causing Chath, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.	
	12 MAIDEN NAME PELECA Routghau 13 BIRTHPLACE OF MOTHER (State or country) Addi	18 LENGTH OF RESIDENCE (For Hospituls, Institutions, Trients or Recent Residents) At place of death yis mos. ds. State yis mos. mos. where was disease contracted,	
	(Informant) Mrs. Robert H. Grove (Address) Seffering Mal)	Former or usual residence. 19 PLACE OF BUYIAL OR REMOVAL DATE OF BURIAL DATE OF	0.4

If more banks are needed, address Stete Registrer, 16 W. Seratoga

M. D.

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(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DIS-EASB CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia,")

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1 PLACE OF DEATH County freducish . Within the Corpo	01635 STATE OF MARYLAND CERTIFICATE OF DEATH
I di din	Registration Dist. No. /3/=
Village or City Thehingk, (No. Coly)	St.: Ward) (If death occurred is a hospital or institution, give its NAME is stend of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Marriel. Male White OR DIVORCED (Write the word)	16 DATE OF DEATH 7, 1980. (Month) (Day) (Year)
6 DATE OF BIRTH Opt = 5-1862	HEREBY CERTIFY, That I attended the deceased from 1920. to Tell, 1920, that I last saw hours alive on Tell, 1927,
/Month) (Day) (Year) 7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Puration) A yra mos / de
which employed or (employer) 9 BIRTHPLACE (State or country) Rew York,	Contributory Secondary Syptemen 2/6/30 Secondary Syptemen 1 100 mos de
10 NAME OF JM. H. Cronky,	(Signed) Musters Market M. F. 17 1984 (Address) Trusining M.
OF FATHER (State or country) New York,	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Toulotte Dell. Josephins 13 BIRTHPLACE OF MOTHER (State or Country) Pew York (State or Country)	At place of deathyrsmosds. Transds. Institutions, Transds. In theyrsmosds.
(Informant) Ms. Carrie Cronk,	Where was disease contracted, it not at place of dea h? Former or usual residence Mut City Marylands
(Address) not acing med,	19 PLACE OF BURGLED & MOUTON, JOBTE OF BURIAL
Filed / 8 - Felly 1920 Draf bullingly Registras	6. M. Walts, Mainfield Md
If more b.anks are needed, addre.s : tat kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. Ao. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Ilousewife, Ilouseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many tion applies to e.ch and every person, irrespective ci Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer-(reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"E haustion," "Heart lallure, Linemulius," "Shock," "Shock," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Com2," "Convulsions," tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as Accidental, suicidal or Homicidal, "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.haustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as (secondary or intercurrent) affection need not Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronicvalvular heart disease; etc. The contributory

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V. S. No. 1

	PLACE OF DEATH County Frederick Within the Co	ST ST	ATE OF MARYLAND
	within the Co		Registration Dist. No. / 3./
Attr	2FULL NAME Famine Elizab	trick si	() () - A - A
Name Of Street, or other	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CE	RTIFICATE OF DEATH
3 51		16 DATE OF DEATH	(Month) (Day) (Year
6 D	May 2nd, 1867 (Month) (Day) (Year)	that I last saw h.Calive	10-1-19-1
7 AC	GE [If LESS than I day hrs. or min.]	and that death occurred on The CAUSE OF DEATH's wa	
(a	Trade, profession or Retures		
(b) General nature of industry usiness, or establishment in hich employed or (employer)	186	2(Duration) 9 yrs. mos.
9 BI	(State or country) Frederick B. Med.	Contributory Secondary	(Duration) Just mos
S	11 BIRTHPLACE 11 BIRTHPLACE	(Signed) (Addi	
LZ	OF FATHER (State or country)	*State the Disease Violent Causes, state (1) Accidental, Suicidal or Homi	Causing Death, or, in deaths from Means of Injury and (2) Wheth cidal.
PAR	12 MAIDEN NAME OF MOTHER Small Brueley		E (For Hospitals, Institutions, T
1	OF MOTHER (State or Country) (State or Country)	At place of deathyrsmos	ds. In the life mos. mos.
14 T	(Informant) Mrs. Harry To. Grove	if not at place of dea.h? Former or usual residence	
-	(Address) Fredrick med.	My. Glivet Ce	emoval Date of Buria
		20 UNDERTAKER	ADDRESS

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases; especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Former (re-Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Solesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary firemon, etc. fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enr," etc., For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia. But in many (6)

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Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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WRITE	
	N. BEvery item of infor

	CE OF DEATH	The second	06693	STATE OF	MARYLAND
County F	rederick		tol)	CERTIFICATE	OF DEATH
/		within the Physics	Je Million	Registration I	Dist. No. / 3/
		(No. 338 E. Church Fannie Elicabeth Cri		St:Ward)	(If death occurred a hospital or instit tion, give its NAME i stead of street as number.)
PERS	ONAL AND STATIST	ICAL PARTICULARS	MEDICA	AL CERTIFICATE O	OF DEATH
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, MATTIED WIDOWED. OR DIVORCED (Write the word)	16 DATE OF GEATH	June (Month)	12, 1930 (Day) (Year)
6 DATE OF E	BIRTH Augus (Month) (Day) (Year)	that I last law h M	1920 to Lucalive on Lucalive	ended the deceased from 192
7 AGE 8 OCCUPATIO		mos. 25 ds. or min.?	V		A Sove, at
(a) Trade, profession or particular kind of work Housewife (b) General nature of industry business, or establishment in which employed or (employer)		autor			
		4	(Duration)		
9 BIRTHPLA: (State or	CE	yland	Contributory Secondary	Dufations	viel mos.
10 NAME	and the same of th	er	(Signed)	Malu	shen M.
OF FA		land	*State the Dis	(Address Frade)	or, in deaths from jury and (2) Whether
DE 12 MAID	DEN NAME DTHER Hannah Bo	eston	18 LENGTH OF RES	IDENCE (For Hospit	tals, Institutions, Tran
(State	HPLACE Enroute frotter Country Atlantic	Ocean	At place of deathyrsme	osds. In the	e List mos.
	VE IS TRUE TO THE BES	T OF MY KNOWLEDGE	Former or usual residence 334	r & Church	hdt=
(Informa	ddress) Mr. I. H.		Union Chapel,		June 14, 19 3
Filed /	2- June 1920 dr	a JhreCensly Registra	20 UNDERTAKER M. R. Etchison	& Son	ADDRESS Frederick, Md.
	If more b.anks are	needed, addre.s Ltate registra	r, 16 W. Saratoga St., E	alto., Kequesting V. S	5. Ivo. 1.

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PLACE	OF DEATH		06694	STATE OF N	MARYLAND
	ederick.	within the	e Collar Times	CERTIFICATE	1
County VIC	umunc.	, ,		Registration I	Dist. No. /2/
1	Frederick	E (No. City Florence	Hospital	St.: Ward)	
PERSON	AL AND STATIST	CAL PARTICULARS	MEDIC	CAL CERTIFICATE O	DE DEATH
3 BEX Temale	4 COLOR OF RACE	B SINGLE, MARRIED. WILLOW WIDOWED, WILLOW OR DIVORCED	10 0 15 05 05 15	June (Month)	18 , 1930
6 DATE OF BIRT	14	(Write the word)	17 % I HEREB	Y CERTIFY, That I are	ended the deceased from
>		bee 15, 15	62 that I last sof h 2		Olene 18, 1930.
7 AGE	,	lifLES:	- 3 -1 -1 -1	red on the date stated	above, at m.
	67 yrs. 7	mos. 3 ds or		Λ	. A.
a OCCUPATION	fi	4.	Pela	ic perito	rule
particular kind	of work M	elired	operate	on for Jalin	c absess. Crue
(b) General na business, or es	tablishment in		0	(Duration) X	1 1 1 X mm 30 da
	der (employer)		Contributory	Fistulay h	i bowl
9 BIRTHPLACE (State or cour	ntry) Man	yland	Secondary	- 11	4
10 NAME OF		1 10	(Signed) Min	m. Am	yraf X mos. 15 ds.
FATHER 11 BIRTHPLA	Jan Dank	el Etzle		(Address) Fi	edt ma
OF FATHE	country) Ma	regland	*State the I Violent Caus.s, s Accidental, Suicidal	Discase Causing Peath, tate (1) Means of In or Homicidal.	or, in deaths from jury and (2) whether
M 12 MAIDEN		ne Kusta			als, Institutions, Trans-
13 BIRTHPL OF MOTH	ACE	ryland	At place of deathyie		Life mos ds.
14 THE ABOVE I	And the second s	TO MY KNOWLEDGE	Where was disease of the if not at place of des	trected,	·
(1	Crum	Former or	telsersall	e bud
(Informant)	-6	kersville.		or REMOVAL Stronge	6-20, 19 30
15 Filed 17-	unen doc	Melus Registi	9 20 UNDERTAKER		Walkersville
- H	If more branks are	needed, addross State	gistrar, 16 W. Saratoga St.,	Balto., Requesting V. S	. No. 1.

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fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) cupation is very important, so that the relative health. tired 6 yrs). For persons who have no occupation household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. guged in domestic service for wages, as Serund, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Never return "Laborer, ""Foreman," "Manager," "Dealworked on may form part of the second statement. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed whatever, write None. Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day The material

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebroyalul fever (the only definite synonym is "Epidemic cerebros in al meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"Uraemia," "Weakness," etc., when a definite disease "PUERPERAL scplicaemia," "PUERPERAL peritonitis," etc. "Exhaustion, "Debility" ("Congenital," "Senile," etc.), "Dropsy," Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Meanles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Surcoma,, etc., of unqualified, is indefinite); Tuberculosis of lungs, mencausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping (Recommendations on statement of cause of death telunus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as approved by Committee on as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train American Medical Association.) (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condig cough; Chronic interstitial nephritis, Chronic valendar heart disease; nephrilis, etc. The contributory affection need Nomenclature of the "Dropsy, not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essentisl and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institu-tion, give its NAME is-stead of street and number.) PERSONAL AND STATISTICAL PARTICU MEDICAL CERTIFICATE OF DEATH sta pro 5 SINGLE. 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH MARRIED. WIDOWED. MA pe Write the word (Month) (Day) HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH no rms so that (Month) (Day) (Year) that Mast saw h 7 AGE IIfLESS than and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: 8 OCCUPATION See (a) Trade, profession or particular kind of work pia (b) General nature of industry business, or establishment in 2 mporta which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 04 (Duration) D III F DI 10 NAME OF FATHER 00 (Address) .. 11 BIRTHPLACE क छ USE OF FATHER e the I is ase Causing Death, or Causes, state (1) Means of Injury FNA and (2) Whether (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 2 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 OF MOTHER inform d state ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of dea' yrs mos .. (State or country) Every item of I CIANS should statement of O Where was disesse contracted, if not at place of dea.h?.. 14 THE ABOVE IS TRUE TO Former or usual residence DATE OF BURIA Filed If more b.anks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

BINDING

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-3 Spinuer, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken nuer, (b) Cotton mill; (a) Salesman, (b) Grocery;
Foreman, (b) Automobile factory. The material For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary). stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Never report mere symptoms or terminal condiinterstitial nephritis, " "Marasmus," "Old Age," "Shock," Chronic valvular heart disease, Carcinoma, Sarcoma, etc., oi etc. The contributory

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ARGIN

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Flanter, tion applies to e.ch and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise_se_Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meninoitis"); Diphtheria (avoid use of "Croup"); I Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopnaumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E.haustion," "Heart failure," "Hemorrhage," "Shock," "Old Age," "Shock," st_ted unless important. unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsia, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all " Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar, or intercurrent) affection need not be strated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Whooping cough; "Atrophy." "Collapse," "Com2," "Convulsions, Never report mere symptoms or terminal condi-"" "Weakness," etc., when a definite disease Chronic valvular heart disease; etc. The contributory

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14	4 7	175()
Exact	PLACE OF DEATH County Tresland Within the Cor	STATE OF MARYLAND CERTIFICATE OF DEATH
, r	County	Registration Dist. No. 2/
CORD TO EXACTLY STIP CLESSIFICATION CLESSIFICATION CLESSIFICATION CONTRACTOR	Village or City Freduck (No. 23,2	E 2 mg St; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
TT sate	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MANEN rid be str ay be pro	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED	16 DATE OF DEATH OU 30 30 182
PER should the bon b	6 DATE OF BIRTH (Write the word)	17 HEREBY CERTIFY, That I attended the deceased from
A A Bat	Jun 23 22	that I last saw har alive on 1920
BIN S IS I AC So th uctio	(Month) (Day) (Year)	and that death occurred on the date stated above, at
HIS HIS ied s s	If LESS than	The CAUSE OF DEATH & was a follows:
TT	yrs, mos. ds. or min. ?	Menny Romingan
NK-INK-INK-INK-In te	(a) Trade, profession or particular kind of work	forms fallred flered
G G pla	(b) General nature of industry business, or establishment in	Welling 3
DIN DIN Care	which employed or (employer)	Contributory Office L. Normund
IFA ATH	State or country)	Secondary
Uld UNE	10 NAME OF PI. I. I	(Simple (Durestion)
MARGIN VITH UN SE OF DE	my religionaller	Wil 14, 19230 (Address) - 1/2 12 1
∑ ≫ Con	of FATHER (State or country) Frederick &	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
AIN W Waller Wallon of State OAUS	2 12 MAIDEN NAME OF MOTHER	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
nform state ccu	13 BIRTHPLACE 7	ients, or Recent Residents) At place In the P 1
of or	(State or country) Teduce (Co.	of death yrs. mos. da. State, where was disease contracted,
T Edt	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of desth?
	(Informant)	usual residence
T. W. Eyery i	(Address) Treduck Med	19 PLACE OF BURIAL OR REMOVAL SATE OF BURIAL
S. T. WO S	Filed 2- Decumber 1920 Da Luctury:	20 JUNDERTAKER ADDRESS
00	Filed Registrar	10 4 tali the Freding he

If more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. (Yensus and American Public Health Association.)

whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewije, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Furm luborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of (a) Foreman, (b) Automobile factory. The material cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebro spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia")

> head of "contributory." (Recommendations on statequences (e. g., sepsis, tetanus) may be stated under the rhage," "Inanition." "Marasmus," "Old Age," "Shock," ary), 10 ds. Never report mere symptoms or terminal Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain—accident; Revolver around of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Puerperal septicuemia." "Puerperal peritonitis," etc. discases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes:" etc., when a definite disease "Dropsy," "Exhaustica," "Heart failure," "Haemorvulsions." symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" (merely causing death), 29 ds.; Bronchopneumonia (secondstated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitiat nephritis, etc. The contributory (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart discase; (name origin; "Cancer" is less definite; avoid "Dehility" ("Congenital," "Senile," ctc.), Example: Measles (disease

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V. S. No. 1

CORI	EXAC
WRITE AINL WITH UNFADING INK-THIS IS A PERMANENT CORI	N. BEvery item of information should be carefully supplied. ACE should be stated EXAC CIANS should state CAUSE OF DEATH in plain terms so that it may be properly class statement of OCCUPATION is very important. See instructions on back of certificate.
T	d so
WRITE	BEvery item of CIANS shoul statement of
U	£

PLACE OF DEATH	14971	STATE OF M	ARYLAND
County Taldorick.	(K5)	CERTIFICATE	OF DEATH
AND	MATTER OF S	Registration Di	st. No. 141
Village or City No	<u> </u>		(If death occurred in a hospital or institu- tion, give its NAME is
2FULL NAME MN. 3 M (10, 1991)	Cunstr	ins	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE OF	DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) 1 NOVE	16 DATE OF DEATH	frequency 18	(Day) / (Year)
6 DATE OF BIRTH		CERTIFY, That I atten	A 6-170
February 8, 1891	Hearnts	1534. to 1.50	18 , 1923
(Month (Day) (Year)	that I last saw h	alive on Dec	7 1923
7 AGE III LESS than I day hrs.	and that death occu	rred on the date stated a	bove, atm.
39 yrs. 10 mos. 10 ds. or min.?	-0 . 0	vas taken with su	icidal intent.
B OCCUPATION (a) Trade, profession or			cwy62
particular kind of work Flou JE	VELONA	Pousoung	
(b) General nature of industry business, or establishment in		(Duration)	yrsds.
which employed or (employer)	Contributory	almoney	Ordena_
(State or country) andy Hook. Viho.	Secondary	(Duration)	VA 364
10 NAME OF FATHER	(Signed	LINE SAIL	he M. D.
11 BIRTHPLACE	10/10/	(Address Sun	wickma
OF FATHER (State or county) (1170 bus (1114	tate the I Violent Causes, s Accidental, Suicidal	Disease Causing Death, tate (1) Means of Injury or Homicidal.	or, In deaths from ry and (2) Whether
of MOTHER GOOD TO MALLA. DALING	18 LENGTH OF RE	SIDENCE (For Hospital	
13 BIRTHPLACE OF MOTHER	At place of death yrs	In the	yrsds.
(State or County) (1/1) Q M 1700K, Warn	Where was disease con if not at place of dea	tracted,	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence	YANG -000000000000000000000000000000000000	
(Informant) Harothy Cummings	19 PLACE OF BURIA	L OR REMOVAL	DATE OF BURIAL
(Address) Brancisco Md.	Vilo Sar	N a	1)0C.21, 1930
Filed ice 19 1981 km. H. S. Hedges Registrar	20 UNDERTAKER	Dailey R	ADDRESS
If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.			

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthtired 6 yrs). definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Copt, Housemaid, etc. If the occupation has been changed whatever, write None. business, that fact may be indicated thus; Farmer (Pp or given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken hou ehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, i or many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material Locomotive engineer,

Statement of Cause of Death—Name Arst, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation) using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"

> REA U "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Ezhaustion," "Heart failure," "Ilaemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uracmia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, approved by Committee on Nomenclature of the State cause for which surgical operation was under-American Medical Association.) Recommendations on statement of cause of death taken. FOR VIOLENT DEATHS state MEANS OF INJULY arbolic acid - probably suicide. The n_ture of the injury, xamples: Accidental drowning; Struck by railway traincident; Revolver wound of head-homicide; Poisoned by anus) may be stated under the head of "contributory." fracture of skull, and consequences (e. g., sepsis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) Chronic valvular heart disease; affection need not be etc. The contributory

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V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Fordquel	CERTIFICATE OF DEATH
	Registration Dist. No. 14/
Village or City Wuseuck (No.	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Jufort Cours	tion, give its NAME istead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCES (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH 1923 (Month) (Day) 133 (Year)
(Month) (Day), 130	that I last say has alive on hely 1927
7 AGE If LESS than I day hars	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work	Premotare fith (8 mostle
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country) Runsbrick - Wd 10 NAME OF FATHER 11 BIRTHPLACE 11 BIRTHPLACE	Contributory Secondary (Durstion) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Address) (Address)
C State or country) Sorty work - Wd 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Lankstown WVa.	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h? Former or usual residence.
(Address) Dursuch May	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PULY SOUTH STATE OF BURIAL ADDRESS ADDRESS
Filed My S 1930 MW. H. J. Renjotras	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, greed in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtion applies to each and every person, irrespective of whatever, write None. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material Grocery;

EACE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"Ezhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL peritonilis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	14270 STATE OF MARYLAND
County Tre develo	CERTIFICATE OF DEATH
	Registration Pret No. 13/
5 + 11 ·+ 1	
Village or City M nutlivue tosquital In	
00 1/5 +0 0	tion, give its NAME in stead of street and
2FULL NAME John Westley Survi	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
WIDOWED. STATE	Upril 4 , 1930
Wall (Write ths word)	(Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
ling 6, 1864	
Month) (Day) (Year)	that I Yast saw him alive on light 4
7 AGE If LESS than	and that death occurred on the date stated above, atm
65? yrs. 7 mos. 28 ds. or min.?	The CAUSE OF DEATH * was as follows:
a OCCUPATION	
(a) Trade, profession or	O. Beeline
particular kind of work darm dalotter (b) General nature of industry	
business, or establishment in	(Duration) yrs. mos da
which employed or (employer)	Contributory Carles - Selesous
9 BIRTHPLACE (Stats or country)	Secondary (During)
10 NAME OF	(Duration) yrs mosds
FATHER WILLIAM CHANA	(Signed) M. D.
M 11 BIRTHPLACE	1930 (Address)
State or country)	*Stats the Pis ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
U 12 MAIDEN NAME	10 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
of MOTHER Ceclea Smith	ients or Recent Residents)
13 BIRTHPLACE	At place of death yrs 2 mos. 2 ds. In the State yrs mos. ds
(State or Country) / Warrant .	Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of deah?
(Informant) James. a. Jones Surply	usual res.dence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) However Hazartal Treduck	February While 6, 1836
15 Filed & - april 1928 Da Lielenelle	20 UNDERTANGER ABDRESS
Filed J- aful 1920 day White	Powell & albang Their Tour
If more banks are needed, addre state hegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealadditional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tion applies to e.ch and every person, irrespective ci Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on without more precise specification as Day Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (Recommendations on statement of cause of death approved by Committee on Nomenclature of the diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Com2," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Careinoma, Sareoma, etc., of American Medical Association.) telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as Accidental, suicidal or Homicidal, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite discase (secondar or intercurrent) affection need not be st.ted unless important. Example: Measles (disease Chronic interstitial nephritis, as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condieough; Chronic valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

No.1

PLACE OF DEATH	05546 STATE OF MARYLAND		
County C/Uallucy	CERTIFICATE OF DEATH		
1++1	Registration Dist. No. 131		
Village or City Slale Sancoloum	St: Ward) (If death occurred in a hospital or institution, give its NAME in		
2FULL NAME Mande 1/3	stead of street and number.)		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
1 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WILDWED. OR DIVORCED (Write the word)	16 DATE OF DEATH May 14, 19230 (Month) (Day) (Year)		
© A 16, 1900	that I last saw h Lalive on May 14, 1923,		
(Month) (Day) (Year)	1.550		
7 AGE 9 9 1 If LESS than I dayhrs.	and that death occurred on the date stated above, at 6.22.1.m. The CAUSE OF DEATH * was as follows:		
8 OCCUPATION (a) Trade, profession or your particular kind of work	Tulmonary whereulosis		
(b) General nature of industry			
business, or establishment in which employed or (employer)	(Duration)yrsmosds.		
9 BIRTHPLACE (State or country) Mwyland	Contributory Secondary A Duration O yts A Amosds.		
10 NAME OF Smil Houts	(Signed) Always State Saratouning		
OF FATHER (State or country) (State or country)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
of Mother Margaret Schneide	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferies or Recent Residents)		
13 BIRTHPLACE OF MOTHER (State or Country) Www.land.	At place of deathyrs. 4 mos 2 ds. In the 29yrs. 6 mos ds. Where was disease contracted, 1 a		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?		
(Informant) W. a. Gardner	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
(Address) State Saffatorin mo	Baltimore Md. unknown		
Filed 5/14 1980 W. Calle Registras	M.L. Clage Thurmon		
If more banks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.			

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Spinner, (b) Colton mill; (a) Salesman. nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tired 6 yrs). ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who rcceive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coul minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (6)

Typhoid fever (never report "Typhoid Pneumonia"); s. inal meningitis"); Dinhtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISpneumonia, Bronchopneumonia ("Pneumonia,

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid st_ted unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Ilaemorrhage, Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Whooping cough; American Medical Association.). (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic etc. The contributory valvular Always qualify all heart disease; not be



act	PLACE OF DEATH	14972 STATE OF MARYLAND
i)	County Frederick.	CERTIFICATE OF DEATH
fied.	D . tralk	Registration Dist, No. 35
class	Village or City Reason (No.	St.: Ward) a hospital or institu- tion, give its NAME in- stead of street and number.)
rit i	- TOLL NAME OF THE PROPERTY OF	
do	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
y be praok of	SEX 4 COLOR OR RACE BSINGLE, MARRIED, WIDOWED, OR DIVORCED OR DIVORCED (Write the word) Married	(Month) (Day) (Year)
na p	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
10 0	2, 7 1867	
hat	(Month) (Day) (Year)	that I last saw h alive on, 192,
ns so the	7 AGE If LESS than I day hrs. 16 ds. or min.?	and that death occurred on the date stated above, at
See Ir	(a) Trade, profession or Laborer particular kind of work	Probably Che Valvulor He sot
ant ant	(b) General nature of industry business, or establishment in	(Duration) yrs. mos. ds.
ATH in	9 BIRTHPLACE (State or country) Frodericks 60.	Contributory Secondary (Duration)ds.
OF DE	10 NAME OF John H. Dagenhart.	(Signed) Shur Hap M. D.
AUSE ION IS	of FATHER State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAT	of Mother Mahala Leatherman	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
d stat	13 BIRTHPLACE OF MOTHER (State or country) Frederich 60.	At place of death yrs mos. ds. In the State yrs nos. ds. Where was disease contracted,
of	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
NS short	(Informant) My 912 Dagenhard	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Place of Burial OR REMOVAL DEC. 26, 1930.
CIAN	Filed Dec. 25 1930 Charles Leatherman	20 UN DERTAKER 20 UN DERTAKER ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS
Ė	If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Physician, Compositor, Architeet, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer-(reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. Housemaid, etc. Foreman, For many occupations a single word or term on Or. yrs). Farm laborer, (b) Cotton mill; (a) Salesman, (b) At Home, and children, For persons who have no occupation (b)If the occupation has been changed Automobile factory. The material Laborer-Coal mine, etc. Womnot gainfully em-Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ceretrospinal fever (the only definite synonym is "Epidemic cerebros inal meningitis"); Diphtheria (avoid use of "Group"); Typhoid fever (never report "Typhoid Pneumonid"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." tions, such as "Asthenia," "Anaenia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State eause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; 1. (secondary or intercurrent) affection need Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train— "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) perilonaoum, etc., Careinoma, Sareoma, etc., of Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease chopneumonia (secondary), The n ture of the injury, etc. The contributory valvular heart disease; not be

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BURBAT

SO

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PLACE OF DEATH	14973 STATE OF MARYLAND
County Triderick	CERTIFICATE OF DEATH
7	(183) Registration Dist. No. 134
Village or City fraunt, burg (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME Issued of street and
2 FULL NAME Stanley 17. Do	stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Crancel WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Locember 44, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Och. 12, 1879 (Month) (Day) (Year)	that I last saw him alive on Dec. 4, 1926,
7 AGE If LESS than I day	and that death occurred on the date stated above, at 7-30 Am. The CAUSE OF DEATH * was as follows:
OCCUPATION	Hemorhage due to gun
(a) Trade, profession or particular kind of work	shot wound at apex of feat
(b) General nature of industry business, or establishment in Which employed or (employer)	(desidental) writer to de
9 BIRTHPLACE (State or country) Wean love &	Contributory Sun III Liver Contributory Secondary Contributory Secondary Contributory Secondary Contributory Secondary Contributory Secondary Secondary Contributory Secondary S
10 NAME OF FATHER Charles a Sainth	(Signed) Frooke & Jameson M. D. Dec. 5 1930 (Address) Emmitsburg M.
OF FATHER (State or country) Changloud	*State the Lisease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Secretta Rat	10 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Wandows	At place in the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
(Informant yers. Storley R. Danuth	Former or usual residence
(Address) Encirtsburg reed	Hurring True See. 7, 1930
15 Filed Dec 7 1930 M. F. Shrift	20 UNDERTAKER ADDRESS AGDRESS
If more b.anks are needed, addre.s the Negistra	, 18 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housetired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesmon, (b) Grocery; should be used only when needed. As examples: (o) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to e.ch and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealreport specifically the occupations of persons en-Foremon, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Loborer-Coal minc, etc. Womwithout more precise specification as Doy For persons who have no occupation Stotionary firemon, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchoppeumonia ("Pneumonia");

tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal pertionitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E.haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," st_ted unless important. Example: Measles (disease approved by Committee on tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); Meosles; (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic ocid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railwoy train-(secondary or intercurrent) affection need not be perilonoeum, etc., Corcinoma, Sarcoma, etc., of cough; Chronic volvular heart disease; nephrilis, etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions and wered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH , STATE OF MARYLAND 75-0 County thealors CERTIFICATE OF DEATH Registration Dist. No. /3/ PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX OR RACE WIDOWED. Write the word(Day) 6 DATE OF BIRTH I HEREBY CERTIFY. That Lattended the deceased from (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: supplied RESERVED term 8 OCCUPATION In te (a) Trade, profession or particular kind of work carefully TH In plain (b) General nature of industry business, or establishment in Importa which employed or (employer) MARGIN 9 BIRTHPLACE Be C Secondary (State or country) OB 10 NAME OF Should E CF I 11 BIRTHPLACE OF FATHER ENT S Z *State the Discase Causing Death, or, in CAU (State or country) Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. nformati 12 MAIDEN NAME Or: 4 OF MOTHER 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, 1010 0.U.2 ients or Recent Residents) 13 BIRTHPLACE SC At place of death should ent of Oc Where was disesse contracted, it not at place of dea h?..... CIANS short EVERY 20 Registrai If more banks are needed, addre s tate negistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(If death occurred in a hospital or institution, give its NAME in stead of street and

number.)

ADDRESS

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ci tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, report specifically the occupations of persons en-For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS.

EASE CAUSING DEATH (the primary affection with repect to time and causation), using always the same accept, ed term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia");

American Medical Association.) atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL seplicaemia," "PUERPERAL perilonilis, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." corbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondar, as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-Recommendations on statement of cause of or intercurrent) affection need not be ss important. Example: *Measles* (disease .

It this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

THE PROPERTY	UNFADING
_	WITH
1	AINE,
	WRITE

V. S. No. 1

PLACE OF DEATH County Frederick	STATE OF MARYLAND CERTIFICATE OF DEATH
	742
Village or Sity Jefferson (No. R. L. 2FULL NAME John Samuel Tarren Darne	tion, give its NAME in
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH May. 9, 1930, 192 (Month) (Day) (Year)
6 DATE OF BIRTH March 11, 658	17 A I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year) 7 AGE If LESS that day hre hre	The CAUSE OF DEATH * vgs as follows:
a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Henry Da rner	(Durstion) yrs mos da. Contributory (Durstion) yrs mos da. (Signed) M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the I'isease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Lary Edmonds 13 BIRTHPLACE OF MOTHER (State or Country) 1d.	18 LINGTH OF RESIDENCE (For ilospitais, Institutions, Transients or Recent Residents) At place of deathyrs
(Informant) Irs. Sarah V. Darner	Former or usual residence Service DATE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Jefferson J.	St. Pauls Cem., Jefferson No. 11, 19 50
Filed 6 Way 1900 AM Clusty	M. R. Ptchison & Son Frederick, Md.
more b.anks are needed, addre.s Ltate kegistre	ar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., without more process. Taborer, Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to knew (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation household only (not raid Housekeepers who receive a definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease st_ted unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Whooping cough; and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-FOR VIOLENT DEATHS STATE MEANS OF INJULY Chronic valvular heart disease; etc. The contributory Always qualify all

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AIN WIT	N. B Every item of information
	of
WRITE	item
W	Every
	N.

No. 1

192

	PLACE OF DEATH County Frederick	STATE OF MARYLAND CERTIFICATE OF DEATH				
	Juean Frederick maryland	J. O. P. Hame Registration Dist. No. 13/-				
	Village or City redon of (No. / William C.)	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)				
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
	Mall while Single, MARRIED Single WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)				
	Movember 25, 1870	17 Offoli 23 1929 to June 4, 1936				
	(Month) (Day) (Year) 7 AGE If LESS than	and that death occurred on the date stated above, at 1950, m.				
	5G 6 1 day hrs.	The CAUSE OF DEATH * was as follows:				
	yrsds. ormin.? OCCUPATION (a) Trade, profession or particular kind of work	Clark Delatation of Heart				
	(b) General nature of industry business, or establishment in	10 muitos				
9	which employed or (employer) about	Contributory Mys carelles, Chronic				
	9 BIRTHPLACE (State or country) Manulant	Pronchit guil 1 (Detailer) 15 vis mos ds.				
	10 NAME OF June Davils	(Signed tether Charleeneyer M. D.				
	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.				
	of MOTHER Many Davils	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Iransients or Recent Residents)				
	13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of death				
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of Jea.h?				
	(Informant) Md. J. Q. Q. J. Home Recards	usual res.dence Pogram 1994				
	(Address) Frederick, Md.	Baltimore, md June 6, 1930				
	Filed & June 1980 fra Jucquely Registry	M. R. Elchison Ason Filerah Mid				
	If more b.anks are nedded, addre.s : tate pegistrar	, 16 W. Saratoga St., Bulto., Requesting V. S. No. 1.				

(Approved by U. S. Census and American Fublic Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., Without more province of the laborer, Farm laborer, Laborer—Coal mine, etc. Womfulness of various pursuits can be known. The questired 6 yrs). Spinner, (b) Cotton mill; (a) Salesman. (b) additional line is provided for the latter statement; it should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Civil engineer, Stationary fireman, etc. But in many Foreman, (b) Automobile factory. The materia For many occupations a single word or term on Compositor, Architect, Locomotive engineer, For persons who have no occupation Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature of the tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E.haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles; inges, peritonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.Y resulting from childbirth or miscarriage as cough; Chronicetc. The contributory valvular heart disease;

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Village or City Hypttelism (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 136 St.: Ward) (If death occu a hospitul or tion, give its NA stend of stree
2FULL NAME PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 2 - 18 - , 195 (Month) (Day) (Y
7 AGE DATE OF BIRTH A Month Day (Year) Tage One of the property of the p	
yrs. 8 mos. 2.2 ds. or min. a occupation (a) I rade, profession or articular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Contributory John pullmonia
9 BIRTHPLACE	Secondary
(State or country) 10 NAME OF FATHER 11 BIRTHPLACE 10 STATES	(Signed) (Address) arthurku
(State or country) 10 NAME OF FATHER 11 BIRTHPLACE	(Signed)

01637

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from to report specifically the occupations of persons entaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery. (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. or given up on account of the DISEASE CAUSING DEATH. played, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, eupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Physician, Compositor, Archivect, Locomotive engineer, Civil engineer, Stetionary freeman, etc. But in many tion applies to each and every person, irrespective of or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation The ques-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchapmeumonia ("Pneumonia");

tctunus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanitien," "Marasmus," "Old Age," "Shoek," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcona, etc., of (name origin; "Caneer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; approved by Committee on (Recommendations on statement of eause of as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by State eause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train. "Atrophy." "Collapse," "Coma," "Convulsions, interstitial nephritis, cough; Chronic vulvular heart disease; " "Old Age, " "Shoek," etc. Nomenclature The contributory

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if more blanks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

13-	R	T	F	IC	A	T	E	OF					
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(a)	Reg	istration l	Dist. No.
	St.:	Ward)	(If death

Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

(County Frederick	
Vill	1age or City Formtoni Milko	16
~ -	PERSONAL AND STATISTICAL PARTICULARS	
3 S	emal While Single, Married, Wildowed (Write the word)	16
6 D	ATE OF BIRTH	-1
	(Month) (Day) (Year)	t.
7 A	GE If LESS than 1 day hrs. or min.?	T
(a pa	CCUPATION Trade, profession or articular kind of work O) General nature of industry usiness, or establishment in hich employed or (employer) IRTHPLACE (State or country)	
1	10 NAME OF	(5
STN	11 BIRTHPLACE OF FATHER (State or country) Maryland	1
PARE	OF MOTHER Julia. M. Gocentrie	18
	OF MOTHER (State or country) Many land	A
14 T	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if F
	(Informant) David Davis	19
	(Address) Mourowia Md,	
15	Filed Colly 13 alucian K. Falconer Registrar	2

PLACE OF DEATH

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH (Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from 1920. to 1920, that I last saw her alive on a fell by 1920,
and that death occurred on the date stated above, at 3 %, m, The CAUSE OF DEATH * was as follows: Ston the free free free free free free free fr
(Duration) O yrs. O mosq. 6 ds.
Secondary
(Signed). Ernet & Book M. D. Address) New Market Med,
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
if not at place of death?
Former or usual residence
Pleasent forme, 4-20, 1930
WE Falconer. New Market /
. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

E .

Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERMANENT BINDING

MARGIN RESERVED FOR

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Physician, Compositor. Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many fulness of various pursuits can be known. The quesployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocetc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the Loborer-Coal mine, etc. Wom-Salesman. (b) Grocery;

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> approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." American Medical Association.) (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. stated unless important. as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; Chronic valvular heart disease Example: Measles (disease etc. The contributory

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / 3/ Of death occurred in Ward) a hospital or institution, give Its NAME is stead of street and 2FULL NAME number.) PERSONAL AND STATISTICAL PARTICUL MEDICAL CERTIFICATE OF DEATH 5 SINGLE 3 SEX GOLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED (Write the word) (Month) (Day) (Year) 6 DATE OF BIRTH HEREBY CERTIFY. That I attended the deceased from instructions that (Month) (Day) (Year) 7 AGE IIf LESS than 0 and that death occurred on the date stated above, at I day hrs. pellddns The CAUSE OF DEATH * was as follows: terms or min.? RESERVE 8 OCCUPATION 99 (a) Trade, profession or particular kind of work plai important. (b) General nature of industr business, or establishment in (Duration) which employed or (employer) THOS Contributory MARGIN SBIRTHPLACE Secondary (State or country) Od OM (Duration Very GG 10 NAME OF 34 00 11 BIRTHPLACE 00 [2] OF FATHER SO Liscase Causing Death, or, in (State or country 20 Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. D' 12 MAIDEN NAME 4 OF MOTHER 18 LINGTH OF RUSIDENCE (For Hospitals, Institutions, Transients or Recent Residents) CO 13 BIRTHPLACE In the OF MOTHER 000 of death _____yrs.____mos.____ds. State vrs mos (State or Country) ਰ Where was disease contracted. 0.5 shoul 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of dea h?... Every Item CIANS sho statement Former or usual residence PLACE OF BURIAL OR REMOVAL 15 UNDERTAKER Registra If more banks are needed, addres tate kegitrar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The queshousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coul minc, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e:ch and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomolive engineer, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; sman, (b) Automobile factory. The material For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-MEASE. CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebro-ted fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); s. inal meningitis"); Diphtheria (avoid use of "Croup"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Com2," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E.haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease st.ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbon, acid-probably suicide. The nature of the injury, accident; Levolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJU.; Y State cause for which surgical operation was under-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainperitonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory Nomenclature of the

It this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	PLACE OF DEATH County Tridrick -	STATE OF MARYLAND CERTIFICATE OF DEATH
/	40	Registration Dist. No.
/.	Village or City Sullasurek (No	St: Ward) (If death occurred in a hospital or institu-
certificate	2 FULL NAME Mormon Basil D	Lion, give its NAME, il -
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
oack of	3 SEX 4 COLOR OR RACE SINGLE, WARRIED, SWIFT OF SHORED (Write the word)	16 DATE OF DEATH / 1980 (Month) 24(Day) /93 (Year)
ons on t	Subtente 12, 1927 (Month) (Day), (Year)	17 I HEREBY CERTIFY, That attended the deceased from 1980 to 1980 that I last saw h malive on 1980 1980,
nstructi	7 AGE Syrs. 6 mos. 13 ds. or min.?	and that death occurred on the date stated above, at
t. See	(a) Trade, profession or particular kind of work (b) General nature of industry	Whooping lough
Importar	business, or establishment in which employed or (employer)	Contributory Secondary (Duration)
is very	10 NAME OF FATHER Elgin Board Dran	(Signed) ./HOWAS MATHE M. D.
PATION	(State or country) 12 MAIDEN NAME OF MOTHER OTHER OTHER	Vicine the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfers or Recent Residents)
occn	13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of deathyrsmosds. In the Stateyrsmosds. Where was discare contracted, if not at place of death?
statement of	(Informant) Flam Bosil Dear.	Former or usual residence
state	(Address) Surrous Med	20 UNDERTAGER THE TAM PARLE WICH MY
		, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, g. ged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekcepers who receive a laborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an cases, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enworked on may form part of the second statement. Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). For persons who have no occupation (b) Cotton mill; (a) Salesman. (b) without more precise specification as Day (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPTRAL septicaemia," "PUERPERAL pervionitis, "E:haustion," "Heart ranue," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease approved by Committee on carbolic acid—probably suicide. Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all American Medical Association.) "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles unqualified, is indefinite); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic Tuberculosis of lungs, men-The n ture of the injury, etc. The contributory valvular Nomenclature etc.), "Dropsy," heart disease; not be

"If this certificate is looked over thoroughly and al qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	14272 STATE OF MARYLAND
County Hedrick	CERTIFICATE OF DEATH
tt + la -t	Registration Dist. No. 139
Village or City Hale Sun (No.18 1111)	St.: Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME Emma J.	h lase stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day), 1902 (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Optil 8 1923 Do Optil 9, 1923,0 that I last saw hereafter on Optil 9, 1923,0
7 AGE [If LESS than	and that death occurred on the date stated above, at 8:30Pm.
2 7 yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Bulmonary Tuberculosi
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs, mos ds.
9 BIRTHPLACE (State or country) Maryland.	Contributory Secondary (Dynation)
10 NAME OF John Buts	(Signed) Lewart Staffer M. D april 9 1943 O(Address) State Samutorum Mu
of FATHER (State or country) Maryland.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER LUCY M. Peters	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE Maryland.	At place of deathyrsmosds. In thewyrsmosds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	Where was disease contracted, if not at place of dea h?
(Informant) Wa Gardner	Former or usual residence 411 Walcott Rd. Overleam
(Address) State Sygnatorin My	Balto G. O verlea ma. Date of Burial mount
15 Filed 49/70 192 / 192	20 UNDERTAKER ADDRESS Md
Registras	Mr. L. Mager 1 hurmont
If more banks are needed, addre.s Ltate Negistran	, 16 W. Saratoga St., Balto., Lequesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g. Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, "Shock," "Old Age," "Shock, approved by Committee on Nomenclature of the (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid - probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perdonitis, can be ascertained as the cause. Always qualify all "Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. (secondary or intercurrent) affection need not Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Chronic interstitial nephritis, "Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJU.; Y resulting from childbirth or miscarriage as "" "Weakness," etc., when a definite disease ChronicExample: Measles (disease etc. The contributory valvular heart disease;

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HOLD BINCH OF COUNTY AND COUNTY OF MATHER OF FATHER OF COLORS OF COUNTY OF MATHER OF M

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL OR 19.7 19.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

In the

Violent Causea, state (1) Means of Injury and Accidental, Suicidal or Houncidal.

20 UN DERTAGER

ients or Recent Residents)

...yrs......ds.

ADDRESS

(2) Whether

If more bianks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

At place

of death ..

V. S. No. 1

EVERY

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired f definite salary), may be entered as Housewife, Houseer," etc., Without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it business, that fact may be indicated thus; Farmer gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEA Housemaid, etc. If the occupation has been changed to report specifically the occupations of worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Civil engineer, Physician, Compositor, For many occupations a single word or term on 198). Stationary fireman, etc. But in many For persons who have no occupation Architect, Locomotive engineer, persons en-The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup", Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition, telanus) may be stated under the head of "contributory." accident; Revolver wound of hand-honvicide; Poisoned by "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meusles; Recommendations on statement of cause of carbolic acid-probably sucide. The n.ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be American Medical Association.) Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic and consequences (e.g., sepsis etc. valendar heart discase; The eontributory death

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1930

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County Frederick	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 144
Village or City Ulan Xeyroston	St.: Ward) (If death occurred Im a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Ohle Single, MARRIED, WIDOWED. OR DIVORCED (Write the mort)	16 DATE OF DEATH april 2nd, 1980 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1928 to 1920, that I last saw ham alive on Uphil 1920,
7 AGE Syrs. mos. 20ds. lf LESS than day hrs or min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Caralle Valler Resion (Duration) 5 yrs. mos. ds. Contributory Archael
10 NAME OF FATHER W- My LINES	Secondary (Duration) yrs. C raos. ds. (Signed) M. D. 4-3-1900 (Address) Plane My
OF FATHER (State or country) 12 MAIDEN NAME	*State the lisease Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Sanda / Amohung 13 BIRTHPLACE OF MOTHER (State or Country)	tell LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disesse contracted,
(Informate Milton Romesburge	Former or sual residence
(Address Dewisten)	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL APR 4-19 RO UNDERTANSE DORESS
Filed Mul 4 1930 Amma M. Bresstra	Meurgukan Flurmen r, 16 W. Saranga St. Balto., Requesting V. S. No. 1.
if more plants are needed, address tate negistra	1, 10 III Salvest Deli Dailot, Requesting V. S. 100 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, Civil engineer, Stationary freman, etc. But in many tl'e first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH g ged in domestic service for wages, as Screant, Cook, ployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a Housemail, etc. If the occupation has been changed report specifically the occupations of persons enmer, (b) Cotton mill; (a) Salesman. (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhioid fever (never report "Typhoid Pneumonia"); Lobar pncumonia, Bronchopncumonia ("Pneumonia");

American Medical Association.) stated unless important. Example: Measles (disease tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, (secondary Whooping cough; Chronic valvular heart disease, as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi " "Weakness," etc., when a definite disease or intercurrent) affection need not be etc. The contributory

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ESERVED

ARGIN

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthsary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oclaborer, er," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Spinner, (b) Collon mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, work, or At Home, and child household only (not paid Househoepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Muniger" "Dealstate occupation at beginning of illus. If retired from or given up on account of the DISEA TO AUSING DEATH gaged in domestic service for to report specifically the occu ployed, as Al school, or Al hon whatever, write None. business, that fact may be indicated thus; Farmer re-Housemaid, etc. If the occupation Foreman, (b) Automobile factory. The materia For many occupations a single word or term on yrs). For persons who have no occupation s of persons ennot gainfully em-.. been changed e should be taken as Servant, Cook (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Deplity" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Mcasles; unqualified, is indefinite); Tuberculosis of lungs, mentions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping (secondar) or intercurrent) affection need Examples: Accidental drowning; Struck by railway train—acaident; Revolver wound of head—homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," elc. diseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably sweide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as cough; Chronic valvular heart disease; nephrilis, etc. The contributory heart disease; not be

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9. S. No. 1

m

PLACE OF DEATH	08067 STATE OF MARYLAND
County Frelerich	CERTIFICATE OF DEATH
handrage Carbetta of the company of	Registration Dist. No. 130
Village or City P. Linealowa (No.	St.: Ward) (If death occurred in
2FULL NAME Infant	He fault ward a hospitul or institution, give its NAME is stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Regro Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h 12 alive on 1920, 1920,
7 AGE [If LESS than	and that death occurred on the date stated above, at 1750 A.m.
day/2hrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.	Vernatine Birth
8 OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrsds.
9 BIRTHPLACE (State or country) Frederick Co	Contributory Secondary (Durstion) yrs mos ds
10 NAME OF FATHER PARA La han	(Signed) M. D.
0 11 BIRTHPLACE	(Address) ADAMSTOWN, MARYLAND,
C (State or country)	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Me Rose Cuerda De Janter	18 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Field. Co.	At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
or Bank bourter	Former or usual residence
(Informant) Huge 28 www.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Lucara R. D. J.	1) 1 /ch sec 23,031
Filed le Z 2 1931 The Registras	20 UNDERTAKER Letur Pos Turb
If more banks are needed, address ttate Registrar	, 16 W. Saratoga St., Balto., Kequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

laborer, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salczman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to e.ch and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Forcman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reworked on may form part of the second statement. report specifically the occupations of persons en-For many occupations a single word or term on Stationary fireman, etc. But in many Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

> "PUERPERAL seplicaemia," "PUERPERAL perilonilis, "E.haustion," "Heart failure," "Inamorrhage," "Inamition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; lclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Whooping cough; (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi Chronic valvular heart disease; etc. The contributory

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D	Siffic	Vil	llage or City Fre denels (Noter)	Con
COR	EXAC		2FULL NAME the Farmile	Ne
	state prope	-	PERSONAL AND STATISTICAL PARTICULAR	S
PERMANENT	be ck	Je.	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	ler
RM	should it may s on ba	6 1	DATE OF BIRTH	
A PE	44 47		May 29, 1	83 (Year)
IS	so that	7 1		SS th
	led. 18 Stru stru		03 & > Ida	
LH	supplied n terms See instr	9.6	yrsds. or	miı
1	sur n te See	(a) Trade, profession or Keline of		
Z		110	b) General nature of industry	********
5	in ita		ousiness, or establishment in which employed or (employer)	**********
UNFADING INKTHIS	EATH impor	9 E	STATE OF COUNTRY) Frederick	
UNE	ould SF D	1000-000	10 NAME OF John MC Pherson	1
WITH		ENTS	OF FATHER (State or country) Frederick Co	
T.	PAC A	PARE	OF MOTHER Panne Me Pher	ror
AINI			13 BIRTHPLACE OF MOTHER (State or Country) Frederich OC	2
	o E	14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
'RITI	s sho		(Informant) Mo F. B. Smith	
×	Every CIAN: stater		(Address) Trederick	110
	S C C	15	- 170 Jan 9- 1/20	1

PLACE OF DEATH,

OF DEATH ,	STATE OF MARYLAND
e derick 1	CERTIFICATE OF DEATH
	Registration Dist, No./2/=
Frederick (No Cer of Con	to minimal 1 1
tredenels (Noter of Con	ucal Kecassal Ward) a hospital or institu-
NAME My Family Mey	tion, give its NAME in- stead of street and number.)
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE SHIGHE,	16 DATE OF DEATH O
WIDOWED. MACHY OR DIVORCED (Write the word)	(Month) (Day) (Year)
4	17 I HEREBY CERTIFY, That I attended the deceased from
May 29, 1837	1920 to 3/ Jany, 1920
(Month) (Day) (Year)	that I last saw he Walive on 3/1 (19275
[If LESS than	and that deads occurred on the date states bove, atm.
O I day hrs.	The CAUSE OF DEATH * was as follows:
yrs. 0 mos. ds. or min.?	
ession or Letised	Wilirio - Delessais
are of industry	
blishment in or (employer)	(Duration) yis yis mos juda
or (employer)	Contribute
Trederick	Secondary (Duration) / H yrs
John Mc Therson	(Sign M. D.
E T 1 1 2	July 1900 (Address)
ountry) Frederich Co	*State the Disease Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
AME Paranis Me Therson	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
CE /	ients or Recent Residents)
Suntry) Frederick OO	At place of deathyrs
TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
Mrs F. B. Smith	Former or usual residence Frederick huaryland
Trederick oud	19 PLACE OF BURIAL OR REMOVAL
	M Oure Chillydon , 19.5
may 1930 dra uchuschy Registrali	6. E. Ching & Sen Frederick
If more banks are needed, addre . tate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (rcdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, r," etc., Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted the term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature or as probably such, if impossible to determine definitely. accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL seplicacnia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid American Medical Association.) "Uraemia, "" "Weakness," etc., when a definite disease (secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report incre symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart discase; etc. The contributory

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PHYSI- d. Exact	PLACE OF DEATH County Frederick	STATE OF MARYLAND CERTIFICATE OF DEATH
EXACTLY, ily classified	Village or City Frederick (No. 17. & Sai	Registration Dist. No. / & / It St: Ward) Derr. (If death occurred in a hospital or institution, give its NAME in stend of street and number.)
NG ANENT E stated E be properly lok of certifi	PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 1930
A PERMA ACE should that it may tions on bac	(Write the word) 6 DATE OF BIRTH (Month) (Day) (Year)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from Old J. 1920. to J. 1920. that I last saw hamalize on Jutilian, Old, 1920.
VED FOR THIS IS A Lapplied. ACE terms so than the instruction	yrs. mos. ds. or min.?	and that death occurred on the date stated above, at 9. m The CAUSE OF DEATH * was as follows:
RESERVIC INK-refully suring plain through the plain trant.	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds
NIT OF THE STATE OF MOTHER (State or Country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) MA OF MOTHER (State or Country) MA OF MOTHER (State or Country) MA OF MOTHER (State or Country)	(State or country) Frederick Ind.	Contributory Secondary (Duration) (Signed) (Signed) M, D
	OF FATHER (State or country) Frederick Mel, 12 MAIDEN NAME	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	13 BIRTHPLACE OF MOTHER AMARIANA	ients or Recent Residents) At place of deathyrsmosds,
WRITE Every Item CIANS shou	(Informant) Educard Grove, (Address) 436 N. Pahat of Friday	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OCE 9 - 19 2-
BEve	15 Filed 9 - October 1980 For Jullinely: Registras	Edward Grove 436 b- Patrick

If more b.anks are needed, addre.s Ltax hegistrar, 16 W. Saratoga St., Balto., Requesting V. S. ho. 1.

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., without more record mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. Spinner, (b) Cotton mill; (c) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesempation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not griffully emdefinite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "For man," "Nanager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal menin_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> "Debility" ("Congenital," "Senile," etc.), "Drepsy,"
> "E :haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tclanus) may be stated under the head of "contributory." carbolic acid-probably suicids. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perttonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia, "" "Weakness," etc., whon a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. Chronic interstitial nephritis, American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY (name origin; "Cancer" is less definite; avoid Chronicetc. affection need valvular heart disease; Nomenclature of the The contributory not be

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Recommendations on statement of cause of death American Medical Association.) iciahus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL perilonilis," ele "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-hamicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Coreinoma, Soreoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railwoy troinand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJURY cough; or intercurrent) affection need " "Marasmus," "Old Age," "Shock, Committee on Chronic etc. The contributory Nomenclature Always qualify all not be

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N. B

	PLACE OF DEATH County Ludenck		
	County MANNER		
	1// ٧		
Vil	illage or Citym & Musmon (No.	es program, thereto,	
	2FULL NAME Gardia am		
	PERSONAL AND STATISTICAL PARTICULARS		
35	Male While SINGLE, MARRIED WIDOWE OR DIVOIC (Write the	D. Marres	
6 (DATE OF BIRTH		
	(Month) (Da) 4, 185 y) (Yea	
7 A	AGE	[If LESS t]	
	73 yrs. 10 mos. 10	de. or mi	
BC	OCCUPATION (a) Trade, profession or	1	
[] 图 图			
P	particular kind of work	bores	
1	particular kind of work (b) General nature of industry	bores	
) (l	particular kind of work	bores	
(b	particular kind of work (b) General nature of industry business, or establishment in	borer	
(b	particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF	borer	
9 E	particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER TO NAME OF FATHER	ud ilha	
9 6	particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER	illre	
NTS STN	particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country)	borer und illrad	
ARENTS 6	particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	borer illras	
RENTS	particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	land Dome	
ARENTS 6	particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER LIBRALLE OF MOTHER	land Land	
PARENTS 6	particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER	land OWLEDGE	
PARENTS 6	particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 MAIDEN NAME OF MOTHER (State or Country) 15 BIRTHPLACE OF MOTHER (State or Country)	land OWLEDGE	

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward) Devilliss

01638

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH LL. 10	, 19230
(Month)	(Day)(Year)
I HEREBY CERTIFY, That I a	26.19 ,130.
that I last saw hole alive on Del	14 1930,
and that death occurred on the date stat	ed above, at 10 - q.m.
The CAUSE OF DEATH * was as follows:	
Augina Pet	tris
(Duration)	yrs,mos/ds.
ContributorySecondary	
(Signed) Jest Group The	mos. ds. M. D.
*State the l'iscase Causing Deat Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	h, or, in deaths from Injury and (2) Whether
18 LENGTH OF RESIDENCE (For Hos	pitals, Institutions, Trans-
ients or Recent Residents)	
At place In to of death yrsds. S	he tateds.
Where was disease contracted, if not at place of dea.h?	
Former or usual residence	***************************************
19 PLACE OF BURIAL OR REMOVAL	Tel 24, 1930
20 UNDERTAKER	ADDRESS
11 : 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	- /

If more bianks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specimeaning as a laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housenwid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery: (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neccs-For persons who have no occupation Grocery;

Statement of Cause of Death—Name, first, the DISEASE (AUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar meumonia, Bronchopneumonia ("Pneumonia,"

tetanus) may be stated under the head of "contributory." approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease (secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death Never report mere symptoms or terminal condiinterstitial nephritis, or intercurrent) Chronic etc. The contributory affection need not be valvular heart discase; Measles;

If this certificate is looked over thoroughly and al qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH	3 08008 STATE OF MARYLAND
County Traderial	CERTIFICATE OF DEATH
Bruns ont	Registration Dist. No.
Village or City Dangwet (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE Selett Jewester Mos. Jewest	
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary (Duration)
10 NAME OF FATHER OF FATHER OF FATHER OF FATHER OF State or country)	(Signed) M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or Country)	IB LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. State yra mos ds. Where was diaease contracted,
(Informant) Que E. Devu	Former or usual residence 19 PLACE DF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 1988 MM. H. S. Registral If more b.anks are needed, address that a registral	2D UNDERTAKER ADDRESS T, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
It more plants are needed, address clate hegistra	A WA THE THE PROPERTY OF THE P

(Approved by U. S. Census and American Fublic Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emshould be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). er," etc., without more precise specification as Doy laborer, Form loborer, Laborer-Coal mine, etc. Wom-Spinner, additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to c:ch and every person, irrespective ci whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. or given up on account of the DISEASE CAUSING DEATH, Foreman, For many occupations a single word-or term on (b) Cotton mill; (a) Salesmon, (b) Grocery, man, (b) Automobile factory. The materia For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopaeumonia ("Pneumonia,"

American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," st.ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); approved by Committee on Nomenclature of the tctanus) may be stated under the head of "contributory." can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJUNY State cause for which surgical operation was under-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by roilway troin-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) affection need not be Chronic valvular heart diseose; etc. The contributory Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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		of DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. / 3/ (90)

_	St.: Ward	(If death occurred i
		tion, give its NAME in
20		number.)

Village or Corresvelle (No	St: Ward) (If death occurred ir a hospital or institution, give its NAME in stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5EX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED Widowad OR DIVORCED (Write the word)	16 DATE OF DEATH Afr 25, 1926 (Month) (Day) (Year)
79 yrs. 8 mos. 10 ds. or min.?	17 I HEREBY CERTIFY, That I attended the deceased from Creek 192 to 198 D that I last saw her alive on March 23 , 198 D and that death occurred on the date stated above, at 500 Am. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Betired 9 BIRTHPLACE (State or country) Manyland 10 NAME OF FATHER Educated T. Getgendammen	(Duration) yrs, mgs, ds. Contributory Mit al maniference Secondary Duration) Hyrs, mos, ds. (Signed) Mall Curs Ville Mr. M. D. 4-/27-1986 (Address) Mall Curs Ville Mr. M.
11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER Olyabeth 6. Oschaffer 13 BIRTHPLACE OF MOTHER (State or Country) Maryland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informan) Bot Golward D. Shrenar	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 1B LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Stateysmosds Where was disease contracted, it not at place of death? Former or usual residence
(Address) Cascaville 15 Filed 28 April 1980 Fra J McCurdy Registral	19 PLACE OF BURIAL OR REMOVAL Mot Olivet Com. 20 UNDERTAKER Thomas F. This Green Com. Address Frederick. 16 W. Saratoga St., Balto., Requesting V. S. I.o. 1.

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(Approved by U. S. Census and American Fublic Health Association.)

whatever, write None. state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coul mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to e.ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "For man," "Manager, nature of the business or industry, and therefore an Physician, "Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman," etc. But in many the first line will be sufficient, e. g. . Farmer or Flanter, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. For many occupations a single word or term on yrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros inal meninatis"); Diphtheria (avoid use of "Croup"); Inal meninatis"); Diphtheria (avoid use of "Croup"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E:haustion," "Heart failure," "Haemorrhage," "Shock," "Nannition," "Marasmus," "Old Age," "Shock," st_ted unless important. Example: Measles (disease approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsia, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJU.X cough; Chronic etc. valvular heart disease; The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

EXACTLY, PHYSIthe C properly class be stated PERSONAL AND STATISTICAL PARTICULARS PERMANENT SSINGLE, 4 COLOR OR RACE 3 SEX MARRIED. BINDING pe should be carefully supplied. And it may be if CF DEATH in plain terms so that it may be in the contraction on back in which important. See instructions on back OR DIVORCED (Write the word) 6 DATE OF BIRTH K (Month) (Year) FOR IIfLESS than 7 AGE I day hrs. INK---THIS RESERVED min.? OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry Every item of information should be carefully CIANS should state CAUSE CF DEATH in pla statement of OCCUPATION is very important. business, or establishment in UNFADING which employed or (employer) MARGIN 9 BIRTHPLACE (State or country) 10 NAME OF 11 BIRTHPLACE ARENTS OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE WRITE (Address 15 Filed Registrar 00 If more blanks are needed, address ttate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1, ż

09226	STATE OF	MARY	LAND
KNOLATE HOUSTAN	CERTIFICATE	OF	DEATH

Registration Dist. No. / 2/

Ward)

(If death occurred in

a hospital or institu-tion, give its NAME is -

stead of street and

Therefore number.)
MEDICAL CERTIFICATE OF DEATH
6 DATE OF DEATH , 1970
aug (Month) 3 O (Day) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from aug 30, 1920,
that I last saw har alive on any 1000,
and that death occurred on the date stated above, at 4 Pm.
The CAUSE OF DEATH * was as follows:
//
Contributory Delepas
Secondary
(Signed) (Duffion) yrs mos ds.
any 31 1980 (Address) Frederick Mile
*State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitats, Institutions, Trans- ients or Recent Residents)
At place of death yrs mos. de. In the Life mos de.
Where was disease contracted, if not at place of dea.h?
Former or usual residence Tulculuis mrd
19 PLACE OF BURIAL OR REMOVAL
20 UNDERTAKER ADDRESS
ACII the Tolera

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the dutics of the er," etc., Spiner, (b) Volton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemoid, etc. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, the first line will be sufficient, e. g., Farmer or Plonter, laborer, Foreman, or At Home, and children, For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, without more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed Luborer-Architect, Locomotive engineer, -Coul mine, etc. not gainfully em-Grocery,

Statement of Cause of Death—Name, first, the DIS-EALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrostinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fener (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) approved by (Recommendations on statement of cause of lelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haomorrhage," carbolic ocid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. For VIOLENT DEATHS state MEANS OF INJU.; Y State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Examples: Accidental drowning; Struck by railway train-Whooping cough; Chronic Chronic interstitual nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of or intercurrent) affection need not be Committee on Nomenclature Example: Measles (disease valvular heart disease; etc. The contributory Meosles ,

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BINDING

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MARGIN

(Approved by U. S. Census and American Public Health Association.)

er," etc., whatever, write None. tired 6 ms.). For persons who have no occupation business, that fact may be indicated thus: Furnier (re state occupation at beginning of illness. If retired from or given up on account of the disease causing DEATH, gaged in domestic service for Wages, as Screant. Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary). may be entered as Housewife, House household only (not paid Housekeepers who receive a cu at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Ceal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Housemaid, etc. If the occupation has been changed sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary foremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthfulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc For many occupations a single word or term on without more precise specification as Day

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

ment of cause of death approved by Committee on head of "contributory." (Recommendations on statequences conditions, such as "Asthenia," Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid—probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or taken. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERVERAL septiegemia." "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertalised as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inunition." "Marusmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsions," symptomatic), "Atrophy," "Collapse," "Coma," "Conary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoniu, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be (e. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.), cough; Chronic valvular heart disease; "Anaemia" Measles; (second-(merely

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WRITE AINLY, WITH UNFADING INK-THIS IS A PERMA MARGIN RESERVED FOR BINDI

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NG	ANENT	d be

PLACE OF DEATH	STATE OF MARYLAND
County frederical minus	CERTIFICATE OF DEATH
	Registration Dist. No. 2
Village or City Frederick (No. 327 6.	tion, give its NAME
2 FULL NAME derette H. Desne	tion, give its NAME stead of street s number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Color or RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH May 14 , 1930 (Year)
6 DATE OF BIRTH Mar 2 - , 1986 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased fr
7 AGE ## Prs. 2 mos. // ds. or min.?	and that death occurred on the date stated above, at 2. P. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Sascoma of Spleen
which employed or (employer)	Contributory Al Morribages mos.
9 BIRTHPLACE (State or country) Maryland	Secondary (Duration) yts. 2. mos.
10 NAME OF George Washington	(Signed) A Gibrari M
Il BIRTHPLACE OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
of MOTHER Command Brown	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Traients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Myameland	At place of deathyrsmosds. In the State Likemos
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informati Sliver Disney	Former or usual residence 327 & Church Fleet
(Address) 327 E. Church St.	9 St Johns Que May 16, 193
15 Filed 10- lucy 1930 In lucludy	20 UN DERTAKER ADDRESS
Registrar	Thomas P. Rice. Frederick.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

Never return "Laborer," "Foreman," "Manager," "Dealstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Doy Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fireman, etc. But in many fulness of various pursuits can be known. The quesgaged in domestic service for wages, as Servant, Cook, en at home, who are engaged in the duties of the sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken laborer, worked on may form part of the second statement. nature of the business or industry, and therefore an cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, OF. For many occupations a single word or term on yrs). Farm laborer, Loborer-Coal mine, etc. (b) Cotton mill; (a) Salesmon. (b) Grocery; man, (b) Automobile factory. The material At Home, and children, not gainfully em-For persons who have no occupation

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonocum, etc., Carcinoma, Sorcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of Examples: A ccidental drowning; Struck by roilway train-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," Chronic interstitial nephritis, Whooping (secondary "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY Never report mere symptoms or terminal condiby cough; or intercurrent) affection need not be ss important. Example: Measles (disease Committee on Chronic valvular heart disease; etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

PLACE OF DEATH	08000 STATE OF MARYLAND
County Theolerick	CERTIFICATE OF DEATH
within the Ceracing	Registration Dist, No.
Village or City Theolericke (No20)	(Market- sa. Wand) (If death occurred in
2 FULL NAME Chas Joseph	Sold ward a hospital or institution, give its NAME isstead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	
	MEDICAL CERTIFICATE OF DEATH
Male While Single, WIDOWED CAME. While While OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
8 14 859	192 . 19/ , 192,
(Month) (Day) (Year)	that I last saw h 117 attre on July 2 , 1930,
7 AGE IfLESS than	and that death occurred on the date stated above, at
70 yrs. 10 mos. 18 ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION / Moa. /8 ds. or min.?	
(a) Trade, profession or	Justin wound of head
particular kind of work /////CMConf	1 ref-inflicted.
business, or eatabliahment in	(Duration) yrs. mos. da.
which employed or (employer)	Contributory
(State or country) the calegrant Mil	Secondary
10 NAME OF 10 A 11 D 22	(Duration)ds.
FATHER Goseph Doll	(Signed) M. D.
OF FATHER OF THE	July 3 198 D (Address) I value 144
OF FATHER (State or country) healench Md 12 MAIDEN NAME)	Facilitate the Piarase Causing Death, or, in deaths from Violent Causea, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER ann Cratch Wisong	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place In the P. I.
(State or Country) Freelerich (1)	of deathyrsds. Stateds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
(Information Bette Doll	Former or usual residence 2000st 0 1d Littlet
(Address) Theolerich My	HOlivet-Theolerick Mg July 4, 1930
15 Filed 3. Suly 1900 & Amternal	20 UNDERTAKER ADDRESS
Registral	Same Carty Frederick Md.
If more blanks are needed, address hate Negistran	, 16 W. Saratoga St., Balto., Leguesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ci tired 6 yrs). en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile foctory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: *Cerebrospinul* fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (sccondary), (secondary or intercurrent) affection need not be st.ted unless important. Example: Measles (disease Whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, "PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-..... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

County rederiose,	O1639 STATE OF MARYLAND CERTIFICATE OF DEATH
near of of	Registration Dist. No. 147
Village or City M. Ciry (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Black Single, Married, Widowed. OR DIVORCED (Write the word)	16 DATE OF DEATH Febry = /6 = , 1990. (Month) 1.7 (Day) 1930 (Year)
6 DATE OF BIRTH $ \mathcal{M}_{ay} = 29 = 1904 $ (Month) (Day) (Year)	THEREBY CERTIFY, That I attended the deceased from 14 1930 to 17 1930 that I last saw him alive on Take 17 1930
7 AGE Vyrs. mos. // ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work about (b) General nature of industry	Jobales Promonies
business, or establishment in which employed or (employer)	Contributory (Duration) yrs. unos 4 de
9 BIRTHPLACE (State or country) Manyland,	Secondary (Duration) yrs. mos. 4 di
10 NAME OF Thomas J. Dorsey,	(Signed) Stauly Harry M. I. 2/18/30, 19 (Address) Manager 201
OF FATHER (State or country) 12 Majden Name 12 Majden Name	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Carrie Gassaway,	13 LENGTH OF RESIDENCE (For liospitals, Institutions, Trumsients or Recent Residents) At place In the
OF MOTHER (State or Country) Maryland	of deathmosds. Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence
(Informant) M. Ging Mid.	19 PLACE OF BURIAL OR REMOVAL JOATE OF BURIAL PARTY 19 130
15 Filed Ful & 8 197 36 1 m 24 - Bolay Registras	20 UNDERTAKER ADDRESS MAN Short ald mid.
If more banks are needed, address thate Kegistra	r, 16 W. Saratoga St., Balto, Requesting V.S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g.. Farmer or Planter, er," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewije, Housework, or At Homes and children, not gainfully em-Never return "Laborer," "For man," "Nanager," "Dealor given up on account of the DISEASE CAUSING DEATH, worked on may form part of the second statement. Foreman, For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation

Strtement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar preumonia, Bronchopneumonia ("Pneumonia,")

unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E.haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar, telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Com2," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY or intercurrent) affection need not be ess important. Example: Measles (disease " "Convulsions,

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PLACE OF DEATH	04275 STATE OF MARYLAND
County Frederick	(3) CERTIFICATE OF DEATH
within 5	Registration Dist. No. 12/
Village or City Treduct (No. Frede	ich Uy Hochtlachward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME James XIrdson	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mall 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH # 29 130, 192 (Wonth) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
3 /29/31) 1	, 192, 192,
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE [If LESS than	and that death occurred on the date stated above, atm.
() () () () (day	The CAUSE OF DEATH * was as follows:
	81.7
(a) Trade, profession or	armon
particular kind of work	Destroyed in delary
business, or establishment in which employed or (employer)	(Duration) tsmosds.
9 BIRTHPLACE (State or country) Fiduck, Md	Contributory Secondary
10 NAME OF Carl Charles Linkson	(Signed) Planty pabil M. D.
of father A. H. C	192 (Address) The Mary
Z (State or country) North Carriera	*State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether
of Mother Lone Mettles	Accidental, Suicidal or Homicidal. 10 LENGTH OF RESIDENCE (For Biospitals, Institutions, Frans-
13 BIRTHPLACE OF MOTHER (State of Country) New York	ients or Recent Residents) At place of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Carl Charles Suckey	Former or usual residence
(Address) My day Mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1- May, 19 3
Filed 1- may 1980 Joseph McCensly Registras	and Dutsom Jul Cine
If more b.anks are needed, address tate Kegistra	r, 18 W. Saratogn St., Ealto., Requesting V. S. No. 1.

01975

(Approved by U. S. Census and American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective ci cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Parmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emer," etc., worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) cases, especially in industrial employments, it is neces-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook Physician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemi cerebros inal meninatis"); Dinktheria (avoid use of "Croup"); Sinal meninatis"); Dinktheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease st.ted unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (sccondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suncide. The n ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondar, (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condior intercurrent) affection need not be ss important. Example: Measles (disease Measles ;

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instructions on back of certificate.

Every Item of Informal CIANS should state statement of OCCU.2A

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PLACE OF DEATH County Frederick

Village or City Walkerswille.

12427

STATE OF MARYLAND CERTIFICATE OF DEATH

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	ж	Ю	-0	и	9
Ю	ν		ø	2	
ĸ.			r	,	

Registration Dist. No.

(If death occurred in a hospital or institu-St.: Ward) tion, give its NAME in -stead of street and

number.)

2FULL NAME William Boteler Doty.

PERS	SONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF BEATT
male	White Single, MARRIED, Single WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH October 6th. 1930
6 DATE OF	May 21, , 187 (Month) (Day) (Ye	ar) that I last saw hamalive on Cel., 1980,
7 AGE	51 4 15 If LESS day	hrs. The CAUSE OF DEATH * was as follows:
particular (b) Gener business, which em	, profession or Saucter kind of work al nature of industry or establishment in ployed or (employer)	(Duration) ds. Contributory
OFF		(Signed)
0. 12 MAI OF M 13 BIRT OF M	THPLACE ACTHER Mite or Country Md.	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos. ds. State yrs mos. ds.
(Inform	nant) Mrs. A. Hemp. Address) Jefferson, Md.	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL St. Pauls Lutheran Cem. Jefferson Oct. 8 19 3C
Filed	Pet 7 19230	M. R. Etchison & Son, Frederick, Md

If more b.anks are needed, addre.s tate registrar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If recircd from Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING PRATH. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an ," etc., without more precise specification as Day For many occupations a single word or term on or At Home, and children, Farm laborer, Laborer-Coal mine, etc. For persons who have no occupation not gainfully em-(b) Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cereprosi, inal meningitis"); Diphtheria (avoid use of "Croup"); Juphoid fever (never report "Typhoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia"); Juphoid fever (never report "Typhoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia"); Juphoid Pneumonia"); Juphoid Pneumonia"); Juphoid Pneumonia"); Juphoid Pneumonia"); Juphoid Pneumonia"; Juphoid Pneumonia ("Pneumonia"); Jupho

telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E.haustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, st.ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; approved by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, talien. can be ascertained as the cause. (secondary or intercurrent) affection need Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Committee on Nomenclature of the Chronicvalvular Always qualify all heart disease; not be

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V. S. No. 1

County Trodoreado.	5550 STATE OF MARYLAND
County Medicelle	Registration Dist. No. / 3/
Village or City Lederuk (No. Le	Ward) (If death occurred is a hospital or institution, give its NAME is stend of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale & Late Single, MARRIET, WIDOWED. OR DIVORCES (Write the word) Surgle	16 DATE OF DEATH May 30, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH	may 2 6 19230. to may 30 , 1980
(Month) (Day) (Year)	that I last saw Irl V alive on may 30 , 1920
7 AGE If LESS than I day hrs. ds. or min.	and that death occurred on the date stated above, atm The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Menengilie
(b) General nature of industry business, or establishment in which employed or (employer)	(Dysation) × yrs. × mos. 3 de
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) 1 yrs. mos 10 ds
10 NAME OF FATHER LEVE M. DOVE	(Signed) M. D. Amich M. D. M.
OF FATHER (State or country) U U CSTATIFUT CSTATIFU	State the Pisesse Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Skelle & May	13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Wrauwa	At place of deathyrsmosds. In the Stateyrsmosds Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	il not at place of dea.b?
(Informant) Miss Many L. News Date	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
(Address) Fredering les	Ondero La June 1. 1936
Filed To Lea 19230 Jan Course Registras	De Cokus Bradway &
more b.anks ard needed, addre.s Ltals Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more precise specimeation as rull laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective ci Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it nature of the husiness or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been clianged household only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Nanager," "Dealworked on may form part of the second statement. For many occupations a single word or term on especially in industrial employments, it is neccs-For persons who have no occupation

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal favor (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

st_ted unless important. telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E.haustion," "Heart failure," "Hacmorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondar) or intercurrent) affection need not be st-ted unless important. Example: Measles (disease Chronic interstitial nephritis, American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

County Frederick	09227 STATE OF MA
Village or City Wolfsville (No.	Registration Dist. St.: Ward)
2FULL NAME Sommerset Ma	ller, Drafer, tio
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF E
Male White Single, MARRIED, WIDOWED. OR DIVORCETATION (Write the word)	16 DATE OF DEATH aug /
6 DATE OF BIRTH Aug 30, 18 (Month) (Day)	17 I HEREBY CERTIFY, That I attended to 192 to 192 Year) that I lest saw her alive on July
7 AGE If LES	S than and that death occurred on the date stated abovehrs. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Chromè Borghton
business, or establishment in which employed or (employer)	(Duration)yre
9 BIRTHPLACE (State or country) Maryland.	Contributory Secondary (Duration)
10 NAME OF FATHER David Drafer.	(Signed) JJKefaller and 1923) (Address) maller
OF FATHER (State or country) Maryland,	*State the Disease Causing Death, or, Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal.
of Mother Margaret Missell	18 LINGTH OF RESIDENCE (For Hospitals, ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Maryland.	At place of death
(Informant) Dewy Drafter	Former or usual residence
(Address) BHH Summaburg 1	at Bethel. a
15 Filed aug. 6 1930 Charles Leather Regist	
If more banks are needed, address tate is	egistrar, 16 W. Saratoga St., Balto., Liquesting V. S. Ivo

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	Np. /35

rath occurred in pital or institu-live its NAME is of street and Ward) tion stead

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CAL CERTIFICATE OF DEATH

aug	2	7	1230
	th)(/	
17 / I HEREBY CERTIFY, TH		ed the de	ceased from
July 22 192 . 19	, lu	24	, 1927
that I last saw her alive on	1 / /	122.	, 1923
			-
and that death occurred on the day		ove, at	Qm
O' DEATH - Was as to	nous:		
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anoue on	Jusa	W.Co	aux_
(Duratio	on) vi	6	nos / O de
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Contributory		1000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
(Dyrati	on)y	rs	nosds
(Signed) III Kleft	woo	2	
Dia11 32	Xm-17	Len	conin
(April April	Junessa	min	THE PLANT
*State the Disease Causing Violent Causes, state (1) Means	Death, or, of Injury	and (2	Whether
Accidental, Suicidal or Homicidal.			
18 LINGTH OF RESIDENCE (For ients or Recent Residents)	Hospitals,	Institut	ions, Trans
At place	In the		
of deathyrsds.	State	yrs	mosde
Where was disease contracted, if not at place of des h?			· · · · · · · · · · · · · · · · · · ·
Former or usual residence		*************	1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
19 PLACE OF BURIAL OR REMOVA	L	DATE OF	BURIAL
met (20 Thel).	. 0	49 6	, 19.3

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(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to e.ch and every person, irrespective cf er," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Spinner, (b) Colton mill; (a) Salesman, nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, worked on may form part of the second statement. Foreman, For many occupations a single word or term on yrs). who are engaged in the duties of the (b) For persons who have no occupation Automobile factory. The material Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

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"Heart failure," "Haemorrhage," ChronicExample: Measles (disease etc. The valvular heart disease; contributory

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V S No. 1

	Frederick		thin the Cor ederick (City Hospital	CERTIFICATI Registration		121
Village or C		Veslet Dron			St.: Ward	tion, give	occurred in l or institu its NAME in street and
PERS	ONAL AND STATIST	ICAL PARTICU	JLARS	MEDICA	AL CERTIFICATE	OF DEATH	I
ma le	4 COLOR OR RACE W hite	SSINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)		16 DATE OF DEATH	(Month)	13,	
6 DATE OF B		15,	396	17 I HEREBY	CERTIFY, That I at	tended the d	eceased from
	(Month)	(Day)	(Year)	that I last saw h	alive on lung	13	1.05930
7 AGE	53 yrs. 4	mos. 28 ds.	If LESS than day hrs. or min.?	The CAUSE OF DEAT	H * was as follows:	Que le	-ol
perticular k	nature of industry	rner	9448-0000	(Kicked L	share)	0000 0000 0000 0000 0000 0000 0000 0000 0000	**************************************
business, or which emplo 9 BIRTHPLAC (State or	country) . Q s	•••••••••••••••••••••••••••••••••••••••			Ruphud Duration	andre w (2nd	mos 4 ds.
9 BIRTHPLAC (State or of	oyed or (employer) Ecuntry) Md. OF John Dronebu			Contributory Secondary (Signed)	Cuplined Discount (Dynation)	andre w (2nd	mos 4 ds.
9 BIRTHPLAC (State or of State	oyed or (employer) Ecountry) OF R John Dronebu PLACE THER or country) EN NAME THER THER THER THER THER THER THER THE			Contributory Secondary (Signed) 20	(Duration) Replicate Direction (Duration) (Address) (Address) (Caddress) (Caddress) (Caddress) (Caddress) (Caddress) (Caddress) (Caddress) (Caddress) (Caddress)	ane se w (Find with	mos + ds.
Dusiness, or which emple 9 BIRTHPLAC (State or continued of FATHER OF FATHER COP MO'CO MO'	oyed or (employer) CE country) OF R John Dronebu PLACE THER Or country) IN NAME THER PLACE P	irg,		(Signed) *State the Dis Violent Causes, sta Accidental, Suicidal colores or Recent Res	(Duration) Cup fund Cup fund (Duration) (Address)	or, in de jury and (2)	mos 4 ds. M. D. aths from) Whether
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business, or which employed which employed with the series of the series	oyed or (employer) CE country) OF R John Dronebu PLACE or country) IN NAME THER THER OR COUNTRY) E IS TRUE TO THE BEST	arg,		(Signed)	(Duration) Rup limid Direction (Duration) (Address)	or, in de jury and (2) tale, Institut	mos de, we of the de, mos de
business, or which employed which employed with the series of the series	oyed or (employer) CE country) Md. OF R John Dronebu PLACE THER or country) EN NAME THER THER PLACE THER OR COUNTRY) Md.	arg, of My Knowle te Dronebur	8	(Signed) *State the Dis Violent Causes, sta Accidental, Suicidal o 18 LENGTH OF RES ients or Recent Res At place of death	(Duration) Ruphurd Direction (Duration) (Address) (or, in de jury and (2) tals, Institut	mos de, we of the mos de, M. D. aths from) Whether

(Approved by U. S. Census and American Fublic Health Association.)

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"E haustion," "Heart failure," "Haemorrhage,"
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PLACE OF DEATH Gold	TOTAL STATE OF MARY AND
County Frederick	13781 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 141
Village or City Man Knopulle(No.	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in
2FULL NAME 4 mrs. petus	And of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White 5 SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
Nov 15 - , 1930	Nov. 14- 1930. to Nov. 15- , 1930.
(Month) (Day) (Year)	that I last saw h alive on 192
7 AGE Stillbarr If LESS than day hrs.	and that death occurred on the date stated above, at // or a.m. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or	Misscarrage, cause
particular kind of work	auknown,
business, or establishment in which employed or (employer)	(Duration)yrsds.
9 BIRTHPLACE (State or country) Frederick Con Md,	Contributory Secondary (Durstion), yrs, mos, ds
10 NAME OF FATHER Howard M. Duful	(Signed) M. Hanes Brown M. D.
OF FATHER (State or country) Frederick bo, Ald,	*State the Discase Causing I bath, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
of Mother Isie Marie demons	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Frederick loo. Ald,	At place of deathyrs
(Informant) Clave M. Dubel	if not at place of dea.h? Former or usual residence
(Address) Anowelle Mar R. D.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Mr. 16 1920 Mrs. H. S. Kalana Registrar	20 UNDERTAKER Transfative Maskuriothe has
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more proven coal mine, etc. Wom-laborer, Form laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesmon. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Former or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emnature of the business or industry, and therefore an Civil engineer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Shock," "Shock," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railwoy train-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as Chronic valvular heart diseose; etc. The contributory Nomenclature of the

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N. B.

PLACE OF DEATH	STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH
	Registration Dist. No. 1. 199
Village or City State Samma Low	St.: Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME DOWN D	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH March 25, 19830 (Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
June 30 . 1877	1929. to March 25, 190 3,0
(Month) (Day) (Year)	that I last saw h malive on Mach 25, 199.3,0
7 AGE If LESS than	and that death occurred on the date stated above, at
52 vrs. 8 mos. 25 ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION	The Proposition I was all losses
(a) Trade, profession or particular kind of work	James rang ravocació se
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE	Contributory
(State or country) West Virginia	Secondary (Dustion) A yro
10 NAME OF ()	1 Curant 1 Shadden
FATHER Yeo. Dunlap	100
U 11 BIRTHPLACE OF FATHER	Mar. 23 19330 (Address) State Sarratours By
OF FATHER (State or country)	*Stats the Diseaso Causing Death, or, in deaths from Violent Causes, stats (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER wa Bender	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) West V rama	At place of deathyrsmos. O. ds. In thewrsmosds.
14 THE ABOVE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, MMNON
(Informant) Wa. Gardner	Former or usual residence 7 11 W. Bulto St. Bulto-Ma
(Address) State Sangform mg	Baltimore med Date OF BURIAL miknown, 19
Filed 3/21 Bu 192 Registran	M. L. Creage Thurmont
	, 16 W. Saratoga St., Balto., Laquesting V. S. No. 1.

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fulness of various pursuits can be known. The quoseupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefere an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to c.eh and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

st_ted unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Chronic interstitial nephritis, telanus) may be stated under the head of "eontributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or misearriage as can be ascertained as the eause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," 10 ds. Never report mere symptoms or terminal condieausing death), 29 ds.; Bronchopneumonia (seeondary), (secondary or intercurrent) affection need Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-American Medical Association.) Recommendations on statement of cause of death FOR VIOLENT DEATHS state MEANS OF INJU.: Y Chronic valvular heart disease; etc. The contributory Always qualify all not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE

M

	PLACE OF DEATH
PHYS Exa	County Trederick
TLY,	Village or City
CORD EXACT ily class	2FULL NAME

3.SEX

7 AGE

PARENTS

6 DATE OF BIRTH

8 OCCUPATION

9 BIRTHPLACE (State or country)

11 BIRTHPLACE

OF FATHER (State or country)

OF MOTHER 13 BIRTHPLACE

> OF MOTHER (State or Country)

(Informant)

029	119
-----	-----

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. /2/

(If death occurred in

L. D	itrow St.: Ward)	a hospital or institution, give its NAME is stead of street an number.)
	MEDICAL CERTIFICATE C	F DEATH
	16 DATE OF DEATH . Warch	3 , 1 92)
	(Month)	(Day) (Year)
	17 I HEREBY CERTIFY, That I atte	
45	Fate 2 1930. 10 We	alle 3, 1930
Year)	that I last saw her alive on Meas	l B , 1925
S than	and that death occurred on the date stated	above, ntn
hrs.	The CAUSE OF DEATH * was as follows:	
		on the same of the
	angune feels	~~~
	Contributory Carles Seles	
	Secondary	yrs. 6 +- mos
	(Signed) Reviews (Duration) (Signed) Reviews (Address) Reviews (Address) Reviews (Address) Reviews (Reviews)	М. І
	*State the Discase Causing Death, Violent Causes, state (1) Means of Inj Accidental, Suicidal or Homicidal.	or, in deaths from ury and (2) Whether
1	1B LENGTH OF RESIDENCE (For Hospit ients or Recent Residents)	als, Institutions, Tran
	At place of deathyrsmosds. In the State	Life mos d
	Where was disease contracted, if not at place of dea.h?	
	Former or usual residence Near Fulder	usp
	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	St. Johns Cem. Fred.	larch 1D , 19.30
	20 UNDERTAKER	ADDRESS
	M. R. Etchison & Son.	

PERSONAL AND STATISTICAL PARTICULA!

Trs. Innie Rebecca J.

MARRIED.

WIDOWED.
OR DIVORCED
(Write the word)

(Day)

IIf L

1 da

rederic's

Oct. 12.

(Month)

1.1d.

becca Johnson

id.

4 COLOR OR RACE

(a) Trade, profession or Moysewife particular kind of work

(b) General nature of industry

10 NAME OF John Lamar

business, or establishment in which employed or (employer)

(Month) (Day) (Yes (Month) (Day) (Yes (Year) (Yea		
(Month) (Day) (Yes I HEREBY CERTIFY, That I attended the deceased In that I last saw has alive on the date stated above, nt that I last saw has as follows: The CAUSE OF DEATH * was as follows: (Duration) (Duration) (Signed) (Duration) (Signed) (Duration) *State the Discase Causing Death, or, in deaths frow the control of the con	RS	MEDICAL CERTIFICATE OF DEATH
IT HEREBY CERTIFY, That I attended the deceased (Year) (Year) that I last saw has alive on the date stated above, nt man and that death occurred on the date stated above, nt min.? (Duration) (Contributory Secondary (Duration) (Signed) State the Viscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Wheth Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents) At place of death yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence Accidents or Removal Date of Burial Of South Science Fred. 20 UNDERTAKER ADDRESS	N.	16 DATE OF DEATH . Warch 8 , 1932)
that I last saw has alive on the date stated above, at and that death occurred on the date stated above, at the CAUSE OF DEATH * was as follows: (Duration) (Contributory Secondary (Duration) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Ouration) (Ouration) (Signed) (Ouration) (Ouration) (Ouration) (Ouration) (Ouration) (Ouration) (Ouration) (Signed) (Ouration) (Ouration		(Month) (Year)
that I last saw has alive on the date stated above, nf. and that death occurred on the date stated above, nf. and provided in the CAUSE OF DEATH * was as follows: (Duration) (Duration) (Signed) (Ouration) (Signed) (Ouration) (Signed) (Ouration) (Signed) (Ouration) (Signed) (Ouration) (Signed) (Signed) (Ouration) (Signed) (Ouration) (Signed) (Signed) (Ouration) (Signed) (Ouration) (Signed) (Ouration) (Signed) (Signed) (Ouration) (Signed) (Ouration) (Signed) (Signed) (Ouration) (Ouration) (Ouration) (Signed) (Signed) (Ouration) (Signed) (Signe	845	17 I HEREBY CERTIFY, That I attended the deceased from
The CAUSE OF DEATH * was as follows: Min. Contributory Cont	(Year)	that I last saw his alive on Track B, 1925 C
The CAUSE OF DEATH * was as follows: Min. Contributory Cont	ESS than	and that death occurred on the date stated above, ntm.
Contributory Secondary (Duration) (Signed) *State the Uiscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Wheth Accidental, Suicidal or Homicidal. 1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Tients or Recent Residents) At place of death wiscase contracted, if not at place of death? Former or usual residence Accidental Carlo Burial Or Removal Date of B		The CAUSE OF DEATH * was as follows:
Contributory Secondary (Duration) (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Wheth Accidental, Suicidal or Homicidal. IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Tients or Recent Residents) At place of death yrs mos ds. In the State of death yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence of death? 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OF STATE OF BURIAL OR REMOVAL DATE	*****	angune februs
Contributory Secondary (Duration) (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Wheth Accidental, Suicidal or Homicidal. IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Tients or Recent Residents) At place of death yrs mos ds. In the State of death yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence of death? 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OF STATE OF BURIAL OR REMOVAL DATE		(Duration) vrs. 3 mos. ds
(Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Wheth Accidental, Suicidal or Homicidal. IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Tients or Recent Residents) At place of death was disease contracted, if not at place of death? Where was disease contracted, if not at place of death? Former or usual residence was disease contracted, if not at place of death? 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OF SUICE STATE OF BURIAL OR REMOVAL DATE OF BURIAL OR		Contributory Cartas Selessee
*State the listase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Wheth Accidental, Suicidal or Homicidal. 1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Tients or Recent Residents) At place of death wise mos. ds. In the State where was disease contracted, if not at place of death? Former or usual residence where the state where was disease contracted, if not at place of death? 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OF STATE OF BURIAL OF B		(Duration)ds
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B LENGTH OF RESIDENCE (For Hospitals, Institutions, Tients or Recent Residents) At place of death yrs mos ds. In the State was disease contracted, if not at place of death? Former or usual residence were true to be placed of BURIAL OR REMOVAL DATE OF BURIAL OR STATE OF BURIAL		March D 1930 (Address) Forder ad
B LENGTH OF RESIDENCE (For Hospitals, Institutions, Tients or Recent Residents) At place of death yrs mos ds. In the State was disease contracted, if not at place of death? Former or usual residence were true to be placed of BURIAL OR REMOVAL DATE OF BURIAL OR STATE OF BURIAL		*State the Usease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Where was disease contracted, if not at place of death? Former or usual residence Alac Fulleus p 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Ots Johns Cells Fred. Lands 11, 19 20 UNDERTAKER ADDRESS	1	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
if not at place of death? Former or usual residence Alau Fuldentisp 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIA Ot. Johns Cell. Fred. Land 11, 19 20 UNDERTAKER ADDRESS	1	At place of death
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL St. Johns Cem. Fred. Lanch 1D., 19 20 UNDERTAKER ADDRESS	E	Where was disease contracted, if not at place of dea.h?
St. Johns Cem. Fred. Lanch 1D., 19 Ly 20 UNDERTAKER ADDRESS		Former or usual residence Alau Frederico
Ly 20 UNDERTAKER ADDRESS		19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
ly II P Pholing to Can	***************************************	St. Johns Cem. Fred. Harch 1D , 19.30
M. R. Etchison & Son.	1.	20 UNDERTAKER ADDRESS
, cia	iftrar	M. R. Etchison & Son.

Filed 10- hearch 1980 for I helin

If more banks are needed, address trace Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

lived 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (rewhatever, write None. should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the or given up on account of the DISEASE CAUSING DEATH, er," etc., Spinner, fulness of various pursuits can be known. The ques-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekcepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day

Strtement of Cause of Death—Name, first, the DISLEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobding pneumonia, Bronchopneumonia ("Pneumonia,"

diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. tdunus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably swicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature (Recommendations on statement of cause of death "Uraemia," "Weakness," etc., when a definite disease (secondary Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need Chronic valvular heart disease; etc. The contributory not be

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V. S. No. 1

1PLACE OF DEATH	09228 STATE OF MARYLAND
County Freduick	CERTIFICATE OF DEATH
within he	Registration Dist. No. 13/
Village or City Frederick (No.	25
Village or City // (No	St.: Ward) (If death occurred in a hospital or institu-
Delle E. Du	tion, give its NAME in- stead of street and number.)
2FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WALL	16 DATE OF DEATH (199 10, 19930
Junele White OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH 186	I HEREBY CERTIFY. That I attended the deceased from
Aug 20:	Org 8 193" to ang 10, 19230
(Month) (Day) (Year)	that I last saw he alive on 1923,
7 AGE . [If LESS tha	n and that death occurred on the date atated above, at
69 yrs. // moa. 20 de: or min.	
B OCCUPATION (a) Trade, profession or Return	Trans turantous
particular kind of work	
business, or eatablishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE	Contributory
(State or country). Treduce Med	(Dation)nosds.
10 NAME OF Y	(Signed) Morriage M. D.
FATHER Deine Shook	- Cong 1 192 2 Address) Frederic and
IN STATE TO STATE TO STATE AND A	*State the Disease Causing Death, or, in deaths from
OF FATHER (State or country) Treduct Med. 12 MAIDEN NAME (D)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Cobece Hargett	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place
(State or Country) Triderick on Mid.	of death wis mos ds. State mos ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
malter H. Duvall	Former or usual residence 12 1 South Stille the Flesham
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Mt. Olivex Cereting day 12, 1930
15 5111-Quarationar Some Curry	20 UNDERTAKER ADDRESS
Registrar	16. E. 6 Com Ton Trederick
If more bianks are needed, address State Registr	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
H. Control of the con	



(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emshould be used only when needed. As examples: (a) whatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseloborer, Form laborer, Loborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Deal-Civil engineer, Housemaid, etc. If the occupation has been changed Physician, Compositor, Architect, Locomotive engineer, "etc., without more precise specification as Day Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). (b) Cotton mill; (a) Salesman, (b) Grocery; eman, (b) Automobile factory. The material For persons who have no occupation Stationary firemon, etc. But in many

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> (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease approved by Committee on carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by roilwoy troin-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; peritonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart disease; Nomenclature of the

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PLACE OF DEATH	10 A S L T T T T T T T T T T T T T T T T T T	U T G T U	STATE OF MARYLAND
County Frederick) II A	(132)	CERTIFICATE OF DEATH Registration Dist. No. / 3/
Village or City redergek	Franci De	wall	St:: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTIC	AL PARTICULARS	MEDIC	AL CERTIFICATE OF DEATH
m. l. 11) 1.7	SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH	(Month) (Day) (Year)
6 DATE OF BIRTH September (Month)	/ 12 , 18.7/ (Day) (Year)	that last saw have	CERTIFY, That lattended the deceased from 1930 to 29, 1930
7 AGE	If LESS than I day hrs. or min.?	and that death occur The CAUSE OF DEAT	red on the date stated above, at
B OCCUPATION (a) Trade, profession or particular kind of work	er here texe	Julm	nany Contrhesso.
(b) General nature of industry business, or establishment in which employed or (employer)		Contributory	Peration De 1200 mos de la de la Calles
(b) General nature of industry business, or establishment in which employed or (employer)	land	Contributory Secondary	Peration Joseph mos de Calculus (Darstion) Joseph Joseph M. I.
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER (State or country) 12 MAIDEN NAME	land Durall yland.	(Signed)	(Darstion) (Darst
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 MIDEN NAME OF MOTHER (State or Country) 15 MAIDEN NAME OF MOTHER (State or Country) 16 MOTHER (State or Country)	land Durall yland. n Aay	*State the I Violent Causes, st Accidental, Suicidal 18 LINGTH OF RE ients or Recent Re At place of death	(Darstion) (Darst
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (Ntate or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER	Land Durall gland. a Ray fland HMY KNOWLEDGE ine Durall	*State the It Violent Causes, st Accidental, Suicidal 18 LINGTH OF REjents or Recent Re At place of deathyrs	(Darstion) (Manasion of Injury and (2) (Darstion) (

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to e.ch and every person, irrespective ef state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Nanager," "Dealor given up on account of the DISEASE CAUSING DEATH. mer, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no occupation

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> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease st.ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar or intercurrent) affection need not be Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, talen. For violent deaths state means of injuly "Atrophy," "Collapse," "Com2," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory

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V 3 Na. 1

MARGIN RESERVED FOR BINDING	WRITE AINDT, WITH UNFADING INK-THIS IS A PERMANENT ECORD	N. BEvery Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should size CAUSE CF DEATH in pigin terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN	WITH UNFADII	on should be ca NUSE CF DEATH ON Is very Impo
•	AINDT,	Informati
	WRITE	CIANS should statement of
T)	N.
		1

PLACE OF DEATH County Frederick Within the 40 mg	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Frederick (No. Frederick 2FULL NAME Generical Vi	Registration Dist. No. 12 (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, Surgle WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH April 8 , 19230 (Month) (Day) (Year)
DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from April 7 1920 to April 8 , 1920 of that I last saw her alive on April 8 , 1920
7 AGE Compared to the second of the secon	and that death occurred on the date stated above, at / 0,445 m. The CAUSE OF DEATH * was as follows: Ch punctions acute your revens
8 OCCUPATION (a) Trade, profession or particular kind of work	operature - april - 7-1930
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary
10 NAME OF FATHER WM. 7. Duvall	(Signed) Frank Devilhue to M. D. Lipil 8 1930 (Address) Frederick, M. D.
OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OF MOTHER OTHER	*State the Pis-ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfers or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Maryland	At place of death yrs mos, 4 ds, State 6 yrs 3 mos ds.
(Informant) MW W. F. Dewall (Address) Fulluck MM P. D.	Former or usual residence & Kaig - Fred. C. Ind. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Me Kais M. F. Cenelley Cepiel., 19.33
Filed 9 - afril 1980 Da Julleudes Registras	2D UNDERTAKER M. R. Chuson + San Juliush Md 16 W. Saratora St., Balton, Lequesting V. 5, No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). laborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealnature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Hemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease st_ted unless important. Example: Measles (disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. 10 ds. Never report mere symptoms or terminal condi (secondary or intercurrent) affection need Whooping cough; approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; etc. The Always qualify all contributory

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N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact CORD WITH UNFADING INK--THIS IS A PERMANENT BINDING FOR MARGIN RESERVED INLY WRITE H

S. No. 1 0

PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED. Marviel Widowed OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) WEDICAL CERTIFICATE OF D (Month) (Month) (Day) Thereby CERTIFY, That Lattender (Month) (Day) Thereby CERTIFY, That Lattender (Month) (Day) That I last saw h untalive on man	RYLAND F DEATH No. 37 If death occurred in hospital or institution, give its NAME instance and of street and imber.)
OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Month) (Month) (Month) (Month) (Month) (Day) (Month) (Day) (Month) (Month)	DEATH
	ed the deceased from
7 AGE [If LESS than and that death occurred on the date stated abov	(O , 1925 () ve, at \(\subseteq \text{P} \ m.
73 yrs. S mos. 19 ds. or min.? B OCCUPATION (a) Trade, profession or Retiral Savanla particular kind of work	bral Anombu
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Contributory Secondary	s. 12 mos. O ds.
10 NAME FATHER Manassa Cader (Signed) Or S, Hours	M. D.
State or country) (State	
At place of death yrs	yrsds.
TO THE PERCE OF SOUTH PARTY OF THE PERCE OF THE PER	DATE OF BURIAL
Filed Mul. 7 Do MA Cufulau 20 UNDERTAKER 20	ancy town

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, Farm laborer, Luborer-Coal-mane, etc. wom-en at home, who are engaged in the duties of the business, that fact may be indicated thus; Farmer (reshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Luborer-Coal-mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the DISLEASE (*108:NG DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup!); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY Chronic valvular heart disease; etc. The contributory need

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N Z

PLACE OF DEATH	STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH
1/- 20 1	(15-a) Registration Dist. No. 14-5
Village or City Jughland (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME John Millian	v Carley stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH (1930
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That attended the deceased from
(Month) (Day) (Year)	that I last raw h. A. Molive on
7 AGE [If LESS than	and that death occurred on the date state above, at
/9 3 /3 dayhrs.	The CAUSE OF DEATH * was as follows:
6 / yrs. mos. ds. or min.?	of the
(a) Trade, profession or particular kind of work	of the state of th
(b) General nature of industry	,
business, or establishment in which employed or (employer)	(Duration)yrs mosds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Durstion) yrs, mos. ds.
10 NAME OF STATES OF GRAVES	(Signed) RV Hause M. D
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
(State or country) 12 MAIDEN NAME OF MOTHER	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER 3	ients or Recent Residents) At place of deathyrsmosds, Stateyrsmosds
(State or country)	Where were disease contracted
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Helly Carley	usual residence
(Address) Mayerswill Mh.	Trossmekles Cemeley July 19, , 1930
15 Filed July 19 1930 William & Machtel	Dittle Bros. Myersille M
If more blanks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No.

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nane. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At echool, on At home. Case should be taken to report specifically the occupations of persons endefinite salary), may be entered as Hausewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cottan mill; (a) Salesman. (b) Grocery. (a) Foreman, (b) Automabile factory. The material should be used only when needed. As cxamples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Statianary fireman, etc. But in many Physician, Compasitar, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Labarer—Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same discise. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchapneumonia ("Pneumonia")

> actident; Revoller would af head-homidde; Poisoned by American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably suicide. Then ture of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; 1. chopneumania (secondary), stated unless important Example: Measles (disease (secondary or intercurrent) Chranic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcama, etc., oi (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." Examples: Accidental drawning; Struck by railway train-"Inanition," "Marasmus," "Old Age," "Shoek," Whooping unqualified, is indefinite); Tuberculosis of lungs, mencough; Chranie etc. valvular heart disease; affection need not be The contributory Measles ;

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V. S. No. 1

N.

PLACE OF DEATH	13782 STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH
Man m	Registration Dist. No.
Village or City Frederick (No Moontere 2FULL NAME George V. Car	tion, give its NAME in
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED Widowed Medle White (Write the word)	16 DATE OF DEATH Nov 25, 1936 (Month) & (Day) (Year)
6 DATE OF BIRTH Fish 22 1872	17 I HEREBY CERTIFY, That I attended the deceased from 25, 1925,
(Month) (Day) (Year)	that I last saw h alive on 25, 1925.
7 AGE If LESS than I day hrs. or min.?	
(a) Trade, profession or particular kind of work Confession (b) General nature of industry	Hempleges 14
business, or establishment in which employed or (employer)	Contributory Contributory Contributory
9 BIRTHPLACE (State or country) Maruland	Secondary (Decation) yrs 6 7 mos ds.
10 NAME OF FATHER Gammalial Casterday	(Signed) BOTHER M. D. W. 26 1922 Address) Fullenila Red
OF FATHER (State or country) 12 MAIDEN NAME 2 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME	*State the l'is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Cavina	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State of Country) (Maarshand)	At place of death yrs. I mos de de. State 8 yrs. 9 mos 3 de.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, House
(Informant) A. R. Easterday	Former or usual residence Near Firederecks
(Address) Annapolis Med	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Not Officet Com Nov 28, 1930
15 Filed 26 - /r. 1920 Dra Meturly 1	20 UNDERTAKER ADDRESS Thomas J. Rice Frederick.
If more banks are needed, addre.s : tate registra	r, 16 W. Saratoga St., Bulto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

nature of the business or industry, and therefore an additional line is provided for the latter statement; it tion applies to e.ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coul minc, etc. Womwithout more precise specification as Day (b) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disc.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrolis, inal menin_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar preumonia, Bronchopneumonia ("Pneumonia");

> (secondar or intercurrent) affection need not be st.ted unless important. Example: Measles (disease American Medical Association.) "E haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia, ""Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death "Atrophy." "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY Committee on Nomenclature of the Chronic valvular heart disease; etc. The contributory

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Dr. B. G. Thomas

No. 1 00

PLACE OF DEATH	STATE OF MARTLAND
County, Ire derick	CERTIFICATE OF DEATH
	Registration Dist. No. 3
Village or City Monteyne Hamile	St.: Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME Way Echer	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Way / 0 , 193 0
6 DATE OF BIRTH Month (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1930 to May 9, 1930, that I last saw how alive on May 9, 1930,
7 AGE 19 yrs. 0 mos. 10 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Seplicación puerforal ingo?
which employed or (employer) 9 BIRTHPLACE (State or country) 1D NAME OF FATHER WILLIAM DECREE	Contributory Secondary (Durgion) yrs
OF FATHER (State or country) 12 Maiden Name (State or country)	*Sinte the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) Marulaul	ients or Recent Residents) At place of death
(Informant) area a true durch (Address) Martine Filed / 2 luay 1920 Da McChully Registral	Former or usual residence LANGUAL Many and DATE OF BURIAL OR REMOVAL DATE OF BURIAL May 2, 1930 and Undertaker Address Address Many Andrews Medical May 2, 1930 and May 2, 1930 and May 2, 1930 and Medical Me
If more banks are needed, address that hegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

nature of the husiness or industry, and therefore an additional line is provided for the latter statement; it whatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective cl fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been clanged definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Physician, Compositor, Architect, Locomotive engineer, r," etc., For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhcid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E-haustion," "Heart failure," "Ilaemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." st_ted unless important. unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH	
(County Tudench,	(10)
		(196)
Vill	age or City/wood Brightye,	7
	2FULL NAME Pichard m. Oc	offer.
	2FULL NAME JULIANIA III, GE	100
	PERSONAL AND STATISTICAL PARTICULARS	
3 5	MARRIED, Manuel	16 [
7	Male Maite WIDOWED (Write the word)	_]
6 D	ATE OF BIRTH	17
	Sofet. = 12 = 1904	4
	(Month) (Day) / (Year)	that
7 A	GE	
	VJ yrs. 7 mos. V7 ds. or min	-
(a pa (b bu	CCUPATION I) Trade, profession or articular kind of work O) General nature of industry usiness, or establishment in hich employed or (employer)	*******
-	(State or country) Maryland.	
	10 NAME OF Survey Coller,	(Sign
ENTS	11 BIRTHPLACE OF FATHER (State or country) Maryland.	- K
PARE	12 MAIDEN NAME Carrie Rong.	18 L
	13 BIRTHPLACE OF MOTHER (State or Country) Manyland,	At post do
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if n
	(Informant) Justy Gefrer,	usua 19 F
	(Address) Neip Windson Ind.	- 0
15	Edd May 11 1930 Wally ful an	20

05553

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.:Ward)	(If death occurred a hospital or instit tion, give its NAME i	u-
	stead of street ar number.)	ıd

L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Maried, Manueld Mhite Single, Manueld Widowed, OR DIVORCED (Write the word)	16 DATE OF DEATH May = 9 = 1, 1930. (Month) (Day) (Year)
Soph. = 12 = 1904	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) / (Year)	that I lest on , 192,
yrs. mos. 1 ds. or min.?	and that death occurred on the date stated above, at 4,30 m. The CAUSE OF DEATH * was as follows:
ssion or Laborets	
re of industry blishment in or (employer)	(Duration)yrs,mosds.
maryland.	Contributory Secondary (Duration) yrs
Emony beker.	(Signed) County of M. D. May 9, 1930 (Address) January & M. D.
ountry) Maryland.	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
se Dangerong.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the State yrs mos ds, State yrs mos ds.
TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
Suory Celer,	Former or usual residence
, neif Windsor ml.	Bethel Cemetery may 11 - 1930
1/1 1930 MA Cufulau Registras	20 UNDERTAKER ADDRESS ADDRESS ADDRESS MA
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

N. B.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, fulness of various pursuits can be known. The questired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it Civil engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, (b) or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery.
man, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by approved by Committee on Nomenclature of the American Medical Association.) carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (secondary or Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; intercurrent) affection need not be Chronicetc. The contributory valvular heart disease; Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N.B.

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PLACE OF DEATH	05551 STATE OF MARYLAND
County Ctraderus	CERTIFICATE OF DEATH
It - 1	Registration Dist. No. 139
Village or City Dale Dannalprun	Mad St.: Ward) (If death occurred in
2 FULL NAME Margaret R	. Eckery a hospital or institu- tion, give lts NAME is- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH MCU 4, 19 30
(Monda) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 12 19830 to May 4, 1993,0 that I last saw h & alive on May 4, 1993,0
7 AGE (Storage) (Pay) (Year) 1 day,hrs.	and that death occurred on the date stated above, at 5. 15. m. The CAUSE OF DEATH * was as follows:
B OCCUPATION ds. or min.?	A Assessment Alexander
(a) Trade, profession or Housewife	Junior Lary moraciones
(b) General nature of industry	(Duration) and 1 do
which employed or (employer)	(Duration) yrs. mos. de.
9 BIRTHPLACE (State or country) Maryland.	Contributory MM (MM) Secondary Secondary (Dufation) / yrs mos ds.
10 NAME OF FATHER William Leach	(Signed) Howard D. Shaffer M. D. May 4 19830 (Address) State Sanatonina
OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Charlest	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Maryland.	At place of death yrs. mod 2ds. In the 23 yrs. 8 mod 3 ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, which is not at place of dea h?
(Informant) W.a. Yardner	Former or usual residence 641 N. Smullowood St Ballo Me
(Address) State Sanfifrumi mf.	Baltmure Md. Date of Burial wiknown
Filed S/4/12 192 Registras	M. L. Clagh Thurmont
If more banks are needed, address tate Kegistra	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

the first line will be sufficient, e. g. Former or Illulier, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Solesmon, (b) Grocery; (o) Foremon, (b) Automobile foctory. The materia. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise specification as Doy loborer, Form loborer, Loborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealtired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons en household only (not paid Housekeepers who receive a For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinul fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

> can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified; is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Corcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitied nephritis, (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisonea taken. FOR VIOLENT DEATHS state MEANS OF JULY American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suicide. The n-ture of the injur. Examples: Accidental drowning; Struck by roilway tr or as probably such, if impossible to determine del. and qualify as ACCIDENTAL, SUICIDAL or HOM "Atrophy," "Collapse," "Coma," "Convulsions, or intercurrent) affection need not be ass important. Example: *Measles* (disease Chronic valvular heart diseose; etc. The contributory

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N. B.-

PLACE OF DEATH	13783 STATE OF MARYLAND
County / UNIVEX	CERTIFICATE OF DEATH
(5	Registration Dist. No. 158
Village or City/Cemplown (No (No Enira &	St.: Ward) St.: Ward) A hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH Dec. 18 , 1860 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1920. to 1920, that I last saw here alive on 1920,
7 AGE 69 yrs. / 0 mos. / 9 ds. or min.? 8 OCCUPATION (a) Trade, profession or	and that death occurred on the date stated above, at 9304 m. The CAUSE OF DEATH was as follows: Death occurred on the date stated above, at 9304 m.m.
particular kind of work (b) General nature of industry usiness, or establishment in which employed or (employer)	De (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Mrd.	Contributory Secondary (Duration) yrs. mos. ds.
10 NAME OF FATHER William H. Baker 11 BIRTHPLACE OF FATHER (State or country) The state of country)	(Signed) — M. D. No. 1 (920 (Address)) — M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) M. Oscar Crackenburg (Address) Lemploun ma	Former or usual residence. 19) PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Nov. 9, 1930. 20 UNDERTAKER ADDRESS
Filed Wor & th. 1930, Colonne & Warr	Herman Snyder Mr. ains md

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enlaborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salesman. (b) Grocery.
man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation -Coal mine, etc. engineer,

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid tetanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need not be American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Committee on etc. The contributory valvular heart disease; Nomenclature Always qualify all

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No. 1 00

RESERVED FOR BINDING	X
NG INK-THIS IS A PERMANENT FCORD	4
in pion terms of that it may be properly classified. Exact	PHYSI-
right. See instructions on back of certificate	1

PLACE	OF	DEATH	
County F			

DEDCONAL AND STATISTICAL PARTICILIARS



STATE OF MARYLAND CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF BEATH

Registration Dist. No.

Villagerok	City O'rec	Levest (N	0.104	0,00	urch	St.: 7	Ward)
	2FULL NAME.	Amos	Edw	and be	chne	2	poptaconoces a

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

PERSONAL AND STATISTICAL PARTICULATION	MEDICAL CERTIFICATE OF BEATH
3 SEX 4 COLOR OR RACE SINGLE, Sengle MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Sov 10, 19 30 (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw hterealise on Roy 1 b , 1923
7 AGE 68 yrs. 5 mos. 9 ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work Day Eabour.	and that death occurred on the date stated above, at 500 Am. The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer) from Works: 9 BIRTHPLACE (State or country) Maryland	Contributory Secondary [A Duration] Ouration Ouration
10 NAME OF FATHER Solm Gickner 11 BIRTHPLACE OF FATHER 2 (State or country) Germany	(Signed)
12 MAIDEN NAME OF MOTHER OF MOTHER (State of Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Ir.ns- ients or Recent Residents) At place of death
(Informant) Mars Mollie E. Ness. (Address) 34. E. Fourth St.	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Not Olivet losse You 12 1930
Filed Meuro 1923 et la McCiville Registra) If more hanks are needed, address tate Registra	Thomas J. Rice Frederich. 7, 16 W. Saratoga St., Balto., Requesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to e:ch and every person, irrespective of tired 6 yrs). For persons who have no occupation work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

st.ted unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentctanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar or intercurrent) affection need not be (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; etc. The contributory

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Dr. Goodman.

No. 182 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.....Ward)

(If death occurred in a hospital or institution, give its NAME in stend of street and number.)

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH Leb 12, 1980
(Month) (Day) (Year)
17 I HOREBY CERTIFY, That attended the deceased from
1929 . to 115 /2 , 1986
that I last saw hell alive on Feb 12, 1935
and that death occurred on the date stated above, atm.
The CAUSE OF DEATH * was as follows:
100 0 H 1111
Marson Heart llenan
(Duration) yrs mos ds.
Contributory Alle
Secondary
(Duration) vrsds,
(Signed) M. D.
17 /4 1990 (Address)
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicldal or Homicidal.
18 LENGTH OF RESIDENCE (For ilospitals, Institutions, Trans-
ients or Recent Residents)
At place of deathyrsmosds. In the Stateyrsmosds.
Where was disease contracted,
if not at place of dea h?
Fermer or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Frederick Nd 2/45/20 19
Frederick Nd 2/15/30, 19
C H Feete & Son Brunswick Md

If more b.anks are needed, addre. s . tate Negistrar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to c.ch and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "For man," "Manager," "Deal-Civil engineer, Physician, or given up on account of the DISEASE CAUSING DEATH, to report worked on may form part of the second statement. first line will be sufficient, e. g.. Farmer or Planter, For many occupations a single word or term on specifically the occupations of persons en-Compositor, Architect, Locomotive engineer, stationary fireman, etc. But in many For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease (secondary Whooping cough; American Medical Association.) approved (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiby Committee on Nomenclature of the or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

County Frederick Within the Corpo	On the second	OF DEATH Dist. No. 12/2
Village or City Frederick (No. 2 E. Seven		(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
S SEX 4 COLOR OR RACE SINGLE, Single WIDOWED. OR DIVORCED	16 DATE OF DEATH February	, 192
(Write the word)	\$	(Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I at	
Jan. 9, 1926	192 to	
(Month) (Day) (Year)	that I last saw her alive on Febs	
AGE [If LESS tha	and that death occurred on the date stated	d above, at 12.15 m.
l dayhr	S. The CAUSE OF DEATH * wes as follows:	
4 yra. 1 mos. 8 ds. or min.	2 Drongly Trem	monea
(a) Trade, profession or	(Stapt)	
particular kind of work At home		0.0000000000000000000000000000000000000
(b) General nature of industry business, or establishment in		•
which employed or (employer)	(Duration)	· 0 . 1 + . 70
BIRTHPLACE	Contributory Secondary	a juste um smoot
(State or country) Maryland	(Dyration)	ds.
10 NAME OF	(X) 16 10	was M.D.
FATHER C. Walter England	(Signed) Fob. 17 30 Freder	rick, Md.
11 BIRTHPLACE	192 (Address)	
OF FATHER Md.	*State the Disease Causing Death, Violent Causes, atate (1) Means of In Accidental, Suicidal or Homicidal.	njury and (2) Whether
12 MAIDEN NAME		
of Mother Alma Lease	18 LENGTH OF RESIDENCE (For Hospi	itals, Institutions, Irans-
13 BIRTHPLACE	At place In the	e 4 yrs / mos & ds.
OF MOTHER (State or Country)	of deathyrsds. Sta	ite
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?	
C. Walter England	Former or usus I residence 2 7 Ha In	et predeud
(Informant)	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
(Address) Frederick, Md.	Unionville Linganore Cem.	Feb. 19 30
	20 UNDERTAKER	ADDRESS
15 Filed / F- Fely 1980 Doc / Wellundy	20 UNDERTAKER	Frederick. Md
Registra:		

V.-S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook tired 6 yrs). work, or At Home, and children, not gainfully emshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it Spinner, sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may he entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealetc., Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation

Stritement of Cause of Death—Name, first, the DISTALL CAUSEING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospitual ferer (the only definite synonym is "Epidemic cerebrospitual meningitis"); Diphtheria (avoid use of "Croup"); Lyphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

letanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," causing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid "Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic valvular heart disease; etc. The contributory Nomenclature of the

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		N. B.—Every Item of information should be carefully supplied. ACE should be stated CIANS should state CAUSE OF DEATH in plain terms so that it may be proper statement of OCCUPATION is very important. See instructions on back of cert
		Z

V. S. No. 1

PLACE OF DEATH County Treslevech	O1642 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. /3/
Village of Chy Rocky Springs 2FULL NAME Caroline P.	St: Ward) St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SSINGLE, MARRIED/Karafed. White Willowed, OR DIVORCED (Write the word)	16 DATE OF DEATH & Lowery 18, 1930
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 7 lbury 5130 to Feb. 18., 1930, that I last saw horalive on Feb. 15, 1930,
7 AGE If LESS than I dayhrs. dayhrs. ormin.?	and that death occurred on the date stated above, at 10.20 m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Cenediae Onlateten acuse
(State or country) Maryland 10 NAME OF FATHER Nathaniel Holine 11 BIRTHPLACE OF FATHER (State or country) Maryland	(Signed) The Acture Taking M. D. #State the Pisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Sophica Moore 13 BIRTHPLACE OF MOTHER (State or Country) Ho asyland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. In the State African Market Marke
(Informant) Hors. The Est of MY KNOWLEDGE (Address) View Booky Springs	Former or usual residence Purily Juny, Pulled 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Pleasant will bein Fieb 20, 1930.
Filed 20 Felig. 130 - To for Cur by = Registras If more banks are needed, addre s tate Registrar.	20 UN DERTAKER ADDRESS Thomas T. Taise Harderick. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) tired 6 yrs). state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scruant, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Forcinan," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer household only (not paid Housekeepers who receive a worked on may form part of the second statement. Civil engineer, report specifically the occupations of persons enmer, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on Compositor, For persons who have no occupation mpositor, Architect, Locomotive engineer, Stationary freman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Enhaustion," "Heart Tanue,
> "Old Age," "Shock,
> "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL seplicaennia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway train-Whooping cough; Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, Chronic valvular heart disease etc. The contributory

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PLACE OF DEATH County Frederick	64278 STATE OF MARYLAND CERTIFICATE OF DEATH
el 1	(57) Registration Dist. No. 144
Village or City Catherine Elis	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Tende White Single, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH , 1930 (Month) 25 (Day) (Year)
B DATE OF BIRTH ALLE (Month) (Day) (Year)	morey 27 1930 to Jul 28 1930 that I last saw hely alive on affect 28th, 1930
7 AGE 83 yrs. 4 mos. 9 ds. or min.?	and that death occurred on the date stated above, at 1.30 fzin.
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Diabeter Mellitus
10 NAME OF TENENSIS Engle	(Signed) A D & Gardin Yes 9 14 mos de, (Signed) A D & Gardin M. D.
11 BIRTHPLACE OF FATHER (State or countre) 12 MAIDEN NAME	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the State yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h? Former or usual residence
(Address) Majuham Md	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL May 1, 1930
Filed Whil 29 18 1 Anna M. Jones	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from g ged in domestic service for wages, as Servant, Cook, Housemand, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, us At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. (b) Grocery; without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many person, irrespective of Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphilieria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJURY American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic valvular heart disease; etc. The contributory Nomenclature of the

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Village of City Freder 2FULL NAME M	The state of the s	Oill Avec 3 W	
PERSONAL AND STATIS	STICAL PARTICULARS	MEDICAL CERTIFICA	TE OF DEATH
3 SEX 4 COLOR OR RAC	SE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month)	(Day)
6 DATE OF BIRTH	/2 , 1877 th) (Day) (Yea	17 I HEREBY CERTIFY, That 19DC to 19DC to	July 79
7 AGE 5 4 yrs. 10	lf LESS tl l dayl mos. / 2 ds. orm	hrs. The CAUSE OF DEATH * was as follow	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	cry Clush it -	Clarker Land	Le yrs. mo
9 BIRTHPLACE (State or country) Hoary	land	Contributory Secondary Suration	yısmo
ID NAME OF FATHER GASON	Engle	(Signed) 1980 (Address) 1	gon
OF FATHER (State or country) 12 MalDEN NAME	yland	State the Lisease Causing D Victor Causes, state (1) Means of Accidental, Suicidal or Homicidal.	eath, or, in deat
OF MOTHER Jahua	na B. Stull	18 LINGTH OF RESIDENCE (For Figure or Recent Residents) At place	Sospitals, Institution the ρ 0
OF MOTHER (State or Country) Man	yland	of deathyrsmosds. Where was disease contracted, if not at place of dea h?	State.
(Informant) Clipbeth	Engle	Former or usual residence 214 Dill Orle	Freder DATE OF
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(Address) 204. D		2D UNDERTAKER	ADDELSS

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(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ci cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons en-Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. business, that fact may be indicated thus; Farmer (re-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coul minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Grocery; The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphal fever (the only definite synonym is "Epidemic cerebrosphal in all meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be st.ted unless important. Example: Measles (disease "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E haustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menlclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomapproved as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, (Recommendations on statement of cause of death American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on Nomenclature of the Chronic valvular heart disease; nephritis, etc. The contributory Always qualify all

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or Tyson

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more precise specification as Ling laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-(a) Physician, Compositor, Architect, tion applies to each and every person, irrespective of worked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Locomotive (b) engineer, Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DISfever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia ("Pneumonia,

> (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage," approved by Committee on accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory affection need not be Nomenclature of the

permanently filed. data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions

1930

No.

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PHYSI-

A.	
PLACE OF DEATH	
county of rederick	
Village or City State Sannator	uis
2FULL NAME Castull	En
PERSONAE AND STATISTICAL PARTICULARS	
3 SEX 4 COLOR OR RACE 5 SINGLE MARRIED WIDOWED. WIDOWED. OR DIVORCED (Write the Word)	ile 16
6 DATE OF BIRTH 26 , 1 (Month) (Day)	82 C
7 AGE INFLES	S than and
b) Trade, profession or hardflur particular kind of work hardflur b) General nature of industry business, or establishment in which employed or (employer)	
9 BIRTHPLACE (State or country) Mary Land.	
10 NAME OF FATHER William Entwise 11 BIRTHPLACE OF FATHER OF FATHER	e Og
of MOTHER Elpabeth Jelle) 18
13 BIRTHPLACE OF MOTHER (State or Country) Manyland.	At of o
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it i
(Informant) W.a. Gardner	usu
(Address) State Santatorum	hud T

STATE OF MARYLAND

Registration Dist. No.

CERTIFICATE OF DEATH

m Mg. St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME i- stead of street and number-)
MEDICAL CERTIFICATE O	F DEATH
16 DATE OF DEATH Oyrul	13, 19130
17 I HEREBY CERTIFY, That I atte	
that last saw hamalive on april	L 13, 19,30
and that death occurred on the date stated on the CAUSE OF DEATH * was as follows:	above, at L. 12 1:m.
RI	4
Outmonary)	
Contributory Secondary	yrs,ds.
(Signed) Sewart & St	10/ fel M. D.
*State the Placase Causing Death, Violent Causes, state (1) Means of Inju Accidental, Suicidal or Homicidal.	or, in deaths from ury and (2) Whether
18 LENGTH OF RESIDENCE (For Hospitalients or Recent Residents) At place In the of deathyrsmosds, State	mesnown
of deathyrsmos,ds, State Where was disease contracted,	own de.
Former or usual residence 308 Hollans St.	Balto mg
Thurwant mg.	ullmown, 19
M. L. Clager 7	hurmont.

Registra

(Approved by U. S. Census end American Fublic Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ci cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been clanged gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation 8

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death "Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent the there correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

E ECIDIA ELL

County Frederica	STATE OF MARYLAND
within the	CERTIFICATE OF DEATH Registration Dist. No.
Village or City Frederick atyno. 2FULL NAME Tuther Elsuron	Ward) (If death occurred a hospital or institution, give its NAME stead of street a number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Wile 4 COLOR OR RACE MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
**************************************	17 HETERY CERTIFY That fattended the deceased from 1920 to 1920 to 1920 that I last saw have mive on 1920
7 AGE 9 yrs. 0 mos. 9 ds. or	than and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	following grip 3rd infested throat, and (Duration)
9 BIRTHPLACE (State or country) Carroll Co. 10 NAME OF FATHER ROY E. Errust 11 BIRTHPLACE OF FATHER	(Address) (May
(State or country) parroll 60. 7 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) Frederick (State or Country) Frederick	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 13 LINGTH OF RESIDENCE (For Hospitals, Institutions, True ients or Recent Residents) At place in the of death yes death state yes most most most most most most most mos
(Informant) Mabel R Ernest	Where was disease contracted, if not at place of dea h? Former or usual residence
(Address) Frederick und.	mr. Church Cerroll bo mar. 3, 193

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "For man," "Nanager," "Dealworked on may form part of the second statement. nature of the husiness or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, For many occupations a single word or term on Compositor, Architect, Locomolive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," st.ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) Chronic interstitial nephritis, approved by Committee on as fracture of skull, and consequences (e. g., sepsis, (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train— American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic valvular heart disease; etc. The contributory affection need not be Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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STATE OF MARYLAND

Balt hel

County Frederick	CERTIFICATE OF DEATH
7	Registration Dist. No. / &/
Village or City Frederick (No. Odd 72	llow House Roward (If death occurred in
2 FULL NAME Myn, J. Elizabeth	Eskulge a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fund 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Year) 18 DATE OF DEATH (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h & alive on Que 2 3, 1920
7 AGE	and alone density and a second of the second
O d day hrs	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.	I Gracture Fermin, due to a
(a) Trade, profession or particular kind of work	of a due to a
(b) General nature of industry	monthly oracletis fall.
business, or establishment in which employed or (employer)	(Duration) y18 mrs di
9 BIRTHPLACE (State or country) Baltanul.	Contributory Secondary Denglify; a flowation
10 NAME OF	(Signed) S Drowas M.D.
11 BIRTHPLACE	Cigned (Address) Telferetime
OF FATHER	*State the Disease Causing Death, or in deaths from
(State or country)	Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Many The Joung	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or sounts) Ballo net	At place of death yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Supy. White	Former or usual residence 1067 Horne P. Lab
(Address Ad Fellows Army	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKER

Registra

If more bianks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

S. No. 1

WRITE

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Filed 24. Ruy 1980

CORD

A PERMANENT BINDING

WITH UNFADING INK---THIS IS MARGIN RESERVED

FOR

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc.. worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spience, (b) Cotton will; (a) Solesmon, (b) Grocery; (a) Foremen, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Ciril engineer, the first line will be sufficient, e. g., Farmer or Plumler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken swork, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, Compositor, Architect, whatever, write None. Housemuid, etc. If the occupation has been changed report specifically the occupations of persons enor At Home, and children, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation apositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many not gainfully em-The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DRATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease inges, perilonaeum, etc., Corcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. "Uraemia, ""Weakness," etc., when a definite disease " Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitiol nephritis, approved by Committee on Nomenclature of the accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely Whooping cough; Chronic American Medical Association.) Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY " "Marasmus," "Old Age, etc. valradar heart disease; The " Shock, contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A Ithe data is essential and must be obtained before the certificate is permanently fied.

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PLACE OF DEATH County Frederick	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Mouleaux / 4	Registration Dist. No. Osfetal St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Married, Male Milowed, OR DIVORCED (Write the word)	16 DATE OF DEATH
8 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h Lyn, alive on Nor 23 - , 1920,
7 AGE 66 yrs. 2 mos. / 3 ds. or min.?	and that death occurred on the date stated above, at 1.30 P.m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work Holland (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Marshand	(Duration) yrs, mos 3 ds. Contributory Reference (Poration) yrs 6 mos ds.
11 BIRTHPLACE OF FATHER (State or country) Germany	(Signed). M. D. 192 (Address) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Maria Thouse 13 BIRTHPLACE OF MOTHER (State or Country) Germany	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos. 3 ds. State 6 yrs 2 mos/ 3 ds.
(Informant) James a Joues Supl. (Address) Treduce M.A.	Where was disease contracted, at House if not at place of death? Former or usual residence Frederick Med: 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Met Olivet Com. Nov-25, 1980. ADDRESS
Filed 25-Am 1980 ora mediusly Registrar If more bianks are needed, address State Registrar	Thomas P. Poice Frederick , 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nane. business, that fact may be indicated thus; Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrumt, Cook, ployed, as At school, ar At home. Care should be taken work, definite salary), may be entered as Hauscwife, Houseen at home, who are engaged in the duties of the Spinner, (b) Catton mill; (a) Salesman. (b) Gracery. (a) Fareman, (b) Autamabile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, Physician, Campasitor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. to report specifically the occupations of persons enhousehold only (not paid Hausekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, worked on may form part of the second statement. etc., or At Hame, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Caul mine, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many If the occupation has been changed

Statement of Cause of Death—Name, first, the DICEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Branchapneumonia ("Pneumonia,"

approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Paisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUIGIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilanilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilanaeum, etc., Carcinoma, Sarcama, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis af lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) Chronic etc. The contributory affection need not be valvular hcarl disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

0 73. 0. Thomas

N. B.

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PLACE OF DEATH	STATE OF MARYLAND
County Zuedeucla	CERTIFICATE OF DEATH
	Registration Dist. No. 12/
Village or City Mosterul Maspelal 2FULL NAME Henry Eve	St: Ward) (If death occurred in a hospitul or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Calada (Write the word)	16 DATE OF DEATH (Seril 24, 1023.) (Month) (Day) (Year)
6 DATE OF BIRTH Lipil (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Mfull 2 (1923 (No. 1923 (1923
7 AGE If LESS than	and that death occurred on the date stated above, atm,
67 yrs. O mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
Trade, profession or particular kind of work	Humphlegia Rh
(b) General nature of industry business, or establishment in	(Duration) yrs mog da,
which employed or (employer)	Contributory asters - Selevosco
9 BIRTHPLACE (State or country) Manual	Secondary (Ducation) yrs mos ds.
10 NAME OF SSAC EVOUS	(Signed) Bothoma M. D. Ofrikling O (Address) Produced, Red
11 BIRTHPLACE OF FATHER (State or country) (State or country) (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER WAY CHE BUILT	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State of Country) Maryland	ients or Recent Residents) At place 3 yrs 2 mos. / ds. In the State yrs ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, I half a land at place of dea h?
as Agues Su Kores	Former or usual residence falklands Mid
(Address) Maulevil Hospital	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Trivelus Com Feel april 1930
15 Filed 21 Olue 1980 de lucleuly	albert Dijon Frederick My
If more banks are needed, addre.s Ltate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planler, Physician, Compositor, Architect, Locomotive engineer, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tion applies to e.ch and every person, irrespective ci whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Parm laborer, Laborer—Coal minc, etc. Wom-Never return "Laborer," "For man," "Nanager," "Deal-(a) Foreman, (b) Automobile factory. The materia household only (not paid Housekeepers who receive a laborer, worked on may form part of the second statement. For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Sinal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

st_ted unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERFERAL septicacmia," "PUERFERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; American Medical Association.) approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicids. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Always qualify all (secondary or intercurrent) Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.Y Chronic valvular heart disease; affection need Nomenclature of the not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

19230 STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hespital or institution, give its NAME instead of street and MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, WIDOWED OR DIVORCED (Write the word) I HEREBY CERTIFY, That I attended the deceased from DNIONI 27 - 1930, to alex 6 1. 1. and that death occurred on the date stated above, at .. 7 AGE If LESS than I day hrs. ·moa. ds.lor ··· min. OCCUPATION RESERVED (a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in (Duration)yrs......moe..... which employed or (employer)..... Contributory HIRTHPLACE Secondary (State or country) MARGIN 10 NAME OF FATHER 2.9...192. O (Address).... 11 BIRTHPLACE *State the Disease Causing Death, or, in deaths from Molent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. RENT OF FATHER (State or country) 12 MAIDEN NAME 4 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents) 13 BIRTHPLACE At place of death.... yrs.....mos,.....da. In the OF MOTHER State.....yrs.....mos. 0 0 (State or country) Where was disease contracted, TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death?... 8 Former or usual residence Every it CIANS statement OF BURIAL OR REMOVAL ADDRESS 20 UNDERTAKER If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto.. Regnesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook, tired 6 yes.): For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from Housemuid, etc. If the occupation has been changed en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it Whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered a Housewife, Househonsehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement (a) Foreman, (b) Automobile factory. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in inclusivial employments, it is necestion enpation is very important, so that the relative healthsary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, falness of variou parsuits can be known. The ques-Statement of Occupation -- Precise statement of ocapplie to each and every person, irrespective of For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as The material

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

head of "contributory." Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or State canse for which surgical operation was undercan be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shoek," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Poisoned by carbolic acid-probably suicide. "Puerperal septicacmic,""Puerperal peritonitis," diseases resulting from childbirth or miscarriage as "Dropsy," "Erhausticn," "Heart failnre," "Haemorcausing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men "Uracmia," "Weaknes." etc., when a definite disease vnlsions," Whooping cough; (secondary or intercurrent) affection need not be FOR VIOLENT DEATHS State MEANS OF INJUBY "Debility" ("Congenital," "Senile," etc.), Nover report mere symptoms or terminal Chronic valvulur (Racommendations on state-Example: Mcasles heart The na-(second-(disease (merely

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1 PLACE OF DEATH County Fredrick	02922
Village or City Thursman (No. 2 FULL NAME Kennut Lu	ing Eyle
PERSONAL AND STATISTICAL PARTICULARS	MEDI
3 SEX 4 COLOR OB RACE 5 SINGLE, MARRIED.	16 DATE OF DEA
	that I last saw hand that death occurs. SS than The CAUSE OF DE
8 OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer)	Contributory
10 NAME OF FIFTHER 11 BIRTHPLACE OF FAFHER (State or country) 12 MAININ NAME OF THER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	(Signed)
(Informant) (Address hurmant h Filed march 22 1930 Anna M. Jone	Where was disease con if not at place of death form or usual residence. 19 PLACE OF BUILD THE PROPERTY OF THE

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration	Dist. No.
Eyev	St: Ward)	(If death occurred in a hospital or institu- ion, give its NAME in- atead of street and aumber.)
MEDIC	AL CERTIFICATE	OF DEATH
16 DATE OF DEATH	(Month)	20 , 192 6
2-26 that I last saw h_	CERTIFY, That I at	18, 30
	red on the date state	
Contributory	(Duration)	yrsmos
Secondary	1	1
(Signed)	(Duration)	yrs. mos. da
*State the D Violent Causes, s Accidentsl, Suicid	isease Causing Death tate (1) Means of Inj	of in deaths from which and (2) whether
18 LENGTH OF RE-		itals, Institutions, Trans-
At place of death yrs m	In the	eyrsmosda.
Where was disease contra if not at place of death?	acted,	
Former or usual residence		

ADDRESS

17 more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S No. 1

(Approved by U. S. Census and American Public Health Association.)

on at home, who are engaged in the duties of the er," etc., a !ditional line is provided for the latter statement; it business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as Al school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary). may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer. Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various parsuits can be known. The ques v. halever, write None. thred 6 girs.). For persons who have no occupation cupation is very important, so that the relative health-Statement of Occupation -- Precise statement of oc For many occupations a single word or term on without more precise specification as Day in many

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid pheumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the symptomatie), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Mcasles "Puerperal septicacmia." "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustien," "Heart failure," "Haemorvulsions," inges, peritonacum, etc., Carcinoma. Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause "Uracmia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopncumonia (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping use of "Tumor" for malignant neoplasms); Measles;(name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATIS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), cough; for which surgical operation was under-Chronic valvular heart (Recommendations on statedisease; (merely (disease

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PLACE OF DEATH,	0427 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist, No. 140
Village or City Leger (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEDD OR DIVORCED (Write the word)	16 DATE OF DEATH 23, 1936. (Month) (Day) (Year)
6 DATE OF BIRTH Dic. 29, 1929	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE (Month) (Day) (Year) 1 day lf LESS than l day hrs.	and that death occurred on the date stated above, at
g OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Probably bronsho francoia Curtoh
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) Tis
10 NAME OF PATHER CULL E. Eyler 11 BIRTHPLACE	(Signed) Soland A Deller M. D. 1/23/ 130 (Address) Delous M.D.
OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Selva J. Brandenberg 13 BIRTHPLACE OF MOTHER (State or Country) Maryland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the State yrs disease contracted,
(Informant) & E Eyler	former or usual residence
(Address) Leyon Ind	Ook dee /2 3 , 1930
Filed / 20 Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The queser," etc., Without more present in the duties of the should be used only when needed. As examples: (a) cupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery: (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. or At Home, and children, not gainfully em-For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

"(E:haustion," "Heart lauure, Lauure, 'Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease st_ted unless important. Example: Measles (disease or as probably such, if impossible to determine definitely. "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; etc. The contributory

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PLACE OF DEATH	13786 STATE OF MARYLAND CERTIFICATE OF DEATH
County Manual	Registration Dist. No. 13
Village or City Cycles (No. aller 2FUJL NAME ROSS Edd	St.: Ward) (if death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED UNIE (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH September 7, 186.5 (Month) (Day) 7, (Year)	that Light saw halve on 19250
7 AGE If LESS that I day hree I day hr	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs
9 BIRTHPLACE (State or country) Fresho, CO,	Contributory Secondary Duration) yrs mos ds.
10 NAME OF Chas a Sylen	(Signed) M. D.
U II BIRTHPLACE OF FATHER (State or country)	*State the 1 is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Charlotte & Terler	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
Thursday Color of the Charles	Thurmont M. B. Cen Nor, 151930
15 Filed ASV 22 1980 19 A Sleve Registrai	20 UN DERTAKER Long Hours
lf more b.anks are needed, addre.s Ltate Registr	ar, 16 W. Saratoga St., Batto., Requesting V. S. No. 1.

(Approved by U.S. Census and American Public Health Association.)

should be used only when needed. As examples: (0) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the state occupation at beginning of illness. If retired from g ged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseloborer, Farm laborer, Laborer—Coal minc, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-0 Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesmon, (b) Grocery; without more precise specification as Doy For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> n as fracture of skull, and consequences (e.g., sepsis, atic), approved by Committee on 'tetuhus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify ali "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Whooping cough; (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railwoy troin— "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condifor malignant neoplasms); Meosles; Chronic valvular heart disease; etc. The contributory affection need Nomenclature of the

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V. S. No. 1

1PLACE OF DEATH	01643 STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH
	Registration Dist. No. 134
Village or City Entitoling (No	St.: Ward) (If death occurred a hospital or institution, give its NAME istend of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale white (Write the word)	16 DATE OF DEATH 2 - 20 - , 1020 (Month) (Day) (Year).
(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1-26 150 to 2-20 ,195 that I last saw here alive on 2-20 ,195.
7 AGE If LESS than I dayhrs ormin.:	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Some al reas
which employed or (employer) BIRTHPLACE (State or country)	Contributory Cerebal Remarkers Secondary Tight Remarkers (Duration) VIS 1 mos 1
1D NAME OF Thomas Frailey 11 BIRTHPLACE	(Signed) W.R. Rodle M. Z-21 130 (Address) Eurouth bury M.
OF FATHER (State or country) Way	*State the I is ase Causing Death, or, in deaths from Violent Causes, etate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Cuary and Madering	13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Training or Recent Residents) At place In the
OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death
Unformant Wileso Craining & ater	Former or usual residence
(Address) Emultiling rul	19 PLACE DF BURIAL OR REMOVAL DATE OF BURIAL Feling 22, 19.
15 P/21 - WPV /1	20 UNDERTAKER ADDRESS

(Approved by U. S. Census and American Fublic Health Association.)

laborer, tired 6 yrs). For persons who have no occupation household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to eich and every person, irrespective ef fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coul minc, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

atic), "Atrophy," "Collapse," "Coma," "Convulsions, st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, "" "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Drepsy," "E.haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely s; mptomeausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and eonsequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, (secondary or intercurrent) perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; etc. The contributory affection need not be

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No. 1

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PLACE OF DEATH County Triderich	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Frederich (No. Frederic	Registration Dist. No. 8
2FULL NAME Baly Girl Fahren	a hospital er institu-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE MARRIED WIDOWED. OR DIVERCED (Write the word)	16 DATE OF DEATH 6 A. 24 , 1930 (Nonth)— (Day) (Year)
6 DATE OF BIRTH Oct 22 , 1930 (Month) (Day) (Year)	that I last saw h N alive on 6 ct 24, 130
7 AGE If LESS than day hrs. or min.?	and that death occured on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Birth Chymin (Duration) yrs. mas. ds.
9 BIRTHPLACE (State or country) fullerish. Ind.	Contributory Secondary (Duration) yrs
FATHER Ralph Welty Fahrney. 11 BIRTHPLACE OF FATHER	Oct 24 30 (Address) Frederich mot
Z (State or country) Trederich. Ind. 12 MAIDEN NAME of MOTHER Ethel Bell, bloods	*State the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State of Country) Front, les. Ind.	ients or Recent Residents) At place In the of death yrs
(Informant) all THEIBERT OF MX KNOWLEDGE	Former or usual residence
(Address)//9 & 4 th	Wel Object Que 24-Oct, 1930
Filed 24 Act. 1980 fra McChurchy Registras	Calling & Lon Frederick

If more branks are seeded, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Forenom, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary froman, etc. But in many the first line will be sufficient, e. g., Farmer or Plawler, cupation is very important, so that the relative health definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Doy laborer. Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager, worked on may form part of the second statement. tired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Sermant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. household only (not paid Housekeepers who receive a whatever, write None. Housemaid, etc. If the occupation has been changed For many occupations a single word or term on or At Home, and children, not gainfully em-The ques-

Statement of Cause of Death—Name, first, the Diserrance CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: "Courtospinal fever (the only definite synonym is "Epidomic gerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pressnonia, Bronchopneumonia ("Pneumonia,"

causing death), 29 ds.; Bronchopmeumonia (*ccondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinonu, unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Exhaustion," Whooping telanus) may be stated under the head of "contributory." taken. FOR VIOLENT DEATHS state MEANS OF INJURY approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably succide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL. OF HOMICIDAL, State cause for which surgical operation was under-American Medical Association. "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic valendar heart disease; etc. The contributory Sarcoma,, Mensles ; not be

If this certificate is looked over thoroughly and all questions answered in dotail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH,

Within the Corporate Multiple CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME is e instructions on back of certificate stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED (Write the word) (Month) (Day) I HEREBY CERTIFY, That I stended the deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ... I day hrs. The CAUSE OF DEATH * was as follows: min.? 8 OCCUPATION (a) Trade, profession or See particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) 9 BIRTHPLACE Secondary (State or country) 10 NAME OF 60 11 BIRTHPLACE RENTS *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER Z 3 10 (State or country) VO 12 MAIDEN NAME PA 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER nform should state ients or Recont Residents) 13 BIRTHPLACE At place OF MOTHER of death. (State or country) Where wes disease contracted, if not at place of dee.h?...... 14 THE ABOVE IS TRUE TO THE BEST MY KNOW! FDGF usuel residence Every its CIANS s stateme DATE OF BURIAL ADDRESS Registar If more banks and needed, addre. S State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

(Year)...

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthen at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know a the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from ployed. us At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemand, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, especially in industrial employments, it is necesor At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman. (b) without more precise specification as Day For persons (b) Automobile factory. The material who have no occupation Grocery.

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"i); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal pertlonitis," etc. stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by tetanus) may be stated under the head of "contributory." as fraeture of skull, and consequences (e.g., sepsis, curbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al (secondary American Medical Association.) Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic or intercurrent) Committee on Nomenclature affection need not be etc. The contributory valvular heart "Dropsy, disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

County Trained WITHIN CORPORATE	STATE OF MARYLAND CERTIFICATE OF DEATH
1	Registration Dist. No. 14/
Village or City museur (No	St: Ward) St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED WIDOWED (Write the word)	16 DATE OF DEATH WICK 38 , 1930 (Month) 28 (Day) //3 (Dar)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1981 to March 1982 that I last saw, how alive on Monday, 1983
7 AGE 23 yrs. 7 mos. 2 ds. or min.?	The state of the s
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME	(Duration) (Duration) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Address) (Address) (Address) (Address) (Address) (Signed) (Signed) (Address) (Address
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) Ressell Faculty (Address) Bruinsink Mills Filed Man 3.0. 180 Ma. 4, 8. Hadgus	if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 INDERTAKER ADDRESS ADDRESS
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Groccry; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an tion amplies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from hou ehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken whatever, write None. business, that fact may be indicated thus; Farmer (reborer, Farm laborer, Laborer—Coal mine, etc. Womor At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation Locomotive engineer,

Streement of Cause of Death—Name, first, the DIS-EA: CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia, "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Shock," "Narasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainperitonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; " "Weakness," etc., when a definite disease or intercurrent) affection need not be Chronic Example: Measles (disease valvular heart disease; etc. The contributory

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V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County + The Louise (20	6) 02924 CERTIFICATE OF DEATH
Village or City Brunningk Mod	Registration Dist, No. St.; Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME MATTHE & AUG	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED SINGLE OR DIVORCED (Write the word)	16 DATE OF DEATH 1930 (Month) 2 (e. (Day) / 930 (Year)
(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to
7 AGE Stillow mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Runniords Md	Contributory Secondary (Duration) Tuosds.
10 NAME OF RUSSUL M. Fauble	(Signed) M. D. M. D.
II BIRTHPLACE OF FATHER Z (State or country) U 12 MAIDEN NAME	State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER THE SUBY 13 BIRTHPLACE OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Russell Motauffle (Address) Brussell m &	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Weiner Lt., 19 50
Filed am 26 1980 aus Hd S. Hedger	Risselle fauble Address
If more banks are needed, address State Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as *Housevife*, *House-work*, or *At Home*, and children, not gainfully emer," etc., without more previous or laborer, Farm laborer, Laborer—Coal mine, etc. Wombusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Paysician, Compositor, Architect, rner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many Locomolive engineer,

Statement of Cause of Death—Name, first, the DIS-EA.3 (**VUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved (Recommendations on statement of cause of death approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." American Medical Association.) stated unless important. Example: Measles (disease carbolic acid-probably suicide. The n ture of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure,
> "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Ilaemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmeumonia (secondary), as fracture of skull, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY (secondary or intercurrent) affection need not be Whooping cough; use of "Tumor" for malignant neoplasms); Meastes; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, meninterstitial nephritis, Chronie valvular heart disease; and consequences (e. g., sepsis, Carcinoma, Sareoma, etc., of etc. The contributory

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PLACE OF DEATH County Tredericle Co	CERTIFICATE OF DEATH
225 4.11	Registration Dist. No. /2/-
Village or City Montenue Hospital 2FULL NAME Olfred Leeger	St: Ward) (If death occurred in a hospital or institution, give its NAME II - stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Wards & , 1930 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw him alive on March. 6
7 AGE If LESS than day hrs. or min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or Janua Salvner particular kind of work	Urenia
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosda.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration)de,
10 NAME OF FATHER THE TELESCO	(Signed) hepfertie Chronic M. D. March 8 19210 (Address) 25 Feril Med
OF FATHER Z (State or country) Q.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Esther Reaver	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Ca.	At place of death yrs mos. I ds. In the State yrs mos ds.
(Informant) James. a. Jones Sup.	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MANUEL BLEETHERM CARE MANUEL BLEETHERM 19 3 4
15 Filed & Luciel 1922 & Dow Jucknight Registral	M. Closus V. Saratoga St., Balto., Requesting V. S. No. 1.
If more blanks are needed, addre.s - tate Negistra	** ** *** *****************************

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(Approved by U. S. Census and American Fublic Health Association.)

whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Luglaborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery: (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on especially in industrial employments, it is necesnot gainfully em-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death American Medical Association.) tetanus) may be stated under the head of "contributory." st.ted unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Heart failure," "Iaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar or intercurrent) affection need not be st.ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory "Atrophy," "Collapse," "Com2," "Convulsions, Never report mere symptoms or terminal condi-

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	ECORD	riy classified.
BINDING	PERMANENT	E chould be stated at it may be propous on back of cer
MARGIN RESERVED FOR BINDING	WRITE AINCH, WITH UNFADING INKTHIS IS A PERMANENT ECORD	Every item of information should be carefully supplied. ACE chould be stated EXACTLY, P CIANS should state CAUSE CF DEATH in plain terms so that it may be proporly classified. statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN	WITH UNFADI	mation should be case CAUSE OF DEATH
	WRITE	Every item of information CIANS should state statement of OCCU

		1/
1PLA	CE OF DEATH	Services Services
County	Frederick	THE REAL PROPERTY.
	1 201 10 10 00 00 00 00 00 00 00 00 00 00 0	**************************************
	City Frederick	(No. Montevue He
PERS	SONAL AND STATIS	TICAL PARTICULARS
sex mle	4 COLOR OR RAC	SINGLE, Widower Widower Widowed. OR DIVORCED (Write the word)
DATE OF	BIRTH	t
	UNKNOWN (Mon-	
AGE	65 ?yrs.	[If LESS than I dayhrsmosds. ormin.?
particular (b) General business, o which emp	profession or Labora kind of work	***************************************
10 NAM FATH		
OF F	HPLACE ATHER UNKNOW te or country)	IN
	OTHER UNKNOW	VN .
	HPLACE OTHER UNKNO	DWN

(State or Country)

(Address)

Filed 3.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Rabbi Wolfe Winlner Frederick, Md.

08012 STATE OF MARYLAND CERTIFICATE OF DEATH

St.: Ward)

Registration Dist. No. /2/

(If death occurred in a hospital or institu-tion, give its NAME in-stead of streets and

MEDICAL CERTIFIC	ATE OF DEATH
16 DATE OF DEATH . J	ily 2nd. , 1930
Y	(Year)(Year)
	t I attended the deceased from
June 25 1923 010	, 192
and that death occurred on the date	4.30 P.
The CAUSE OF DEATH * was as followed	
1 //	
July - Uraemi	ia
acute Bright	its direase
)yrs,mosds
Contributory Secondary	
	Dyro mos do
*State the Piscase Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.	Death, or, in deaths from of lnjury and (2) Whether
18 LENGTH OF RESIDENCE (For ients or Recent Residents)	
At place of desthyrsmosds.	In the Stateyrsmosds
Where was disesse contracted, it not at place of dea h?	<u>, </u>
Former or usual residence Freduct	e mel -
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore, Md.	July 4, , 1930
20 UNDERTAKER	ADDRESS
M. R. Etchison & Son	Frederick, Md.

heeded, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The queser," etc., without more precise specimeanon in laborer, laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewije, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement.

Never return "Laborer," "For man," "Manager," "Deal-Civil engineer, For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many Locomolive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Inal meningitis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all (secondary approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be ass important. Example: Measles (disease

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ż

PLACE OF DEATH	6428 STATE OF MARY
County Frederick within the Cou	CERTIFICATE OF
	Registration Dist. No
Village or City Frederick (No. 358 Park A	tlon, g
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA
3 SEX 4 COLOR OR RACE SINGLE. Widower Widower OR DIVORCED (Write the word)	16 DATE OF DEATH FAMURY 5, (Month) (Day)
6 DATE OF BIRTH Oct. 26, , 1853 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the state of the sta
76 2 19 ds. or min.? 8 OCCUPATION (a) Trade, profession or Retired farmer particular kind of work	The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER James R. Ferrell 11 BIRTHPLACE OF FATHER (State or country)	(Signed)
12 MAIDEN NAME Mary A. Bailey OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Insients or Recent Residents) At place of death yrs death death yrs death death yrs death death yrs death deat
(Informant) Irs. T. C. Dixon, (Address)	Where was disease contracted, if not at place of dea.h? Former or usual residence Dark Dark Intelligence Dark Dark Dark Dark Dark Dark Dark Dark
Filed 6-farmy 1988 Da Welling	N. R. Stchison & Son Fred

TATE OF MARYLAND RTIFICATE OF DEATH

Registration Dist. No. 13/=

(if death occurred in a hospital or institu-tion, give its NAME in-stead of street and

***************************************	number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH Fanuary 5	, 192 30
(Month)	(Day) (Year)
17 9 I HEREBY CERTIFY, That I at	ttended the deceased from
Jan 3 1990 to	
that Vast saw ham alive on Juff	
and that death occurred on the date state	d above, at 3.40 P. m
The CAUSE OF DEATH * was as follows:	
acute Cardia De	belaliss,
Palusnay led	g
, wa	eus.
(Dargetion)	yrs mos ds
Directory	rouses
Contributory Secondary	
(Duration)	yısmosdı
(Signed) S Ono	wax M. D
Jan. 6, 192 (Address) Frede	erick, Nd.
*State the Disease Causing Death Violent Causes, state (1) Means of I Accidental, Suicidal or Homicidal.	n, or, in desths from injury and (2) Whether
18 LENGTH OF RESIDENCE (For Hosp	oitals, Institutions, Trans
ients or Recent Residents)	0-1
At place of deathyrsmosds. In the	ate Life mos. de
Where was disease contracted, if not at place of dea.h?	
Former or usual residence Park and	Frederick
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
MtClivet Cem., Fred.	Jan. 8, 19
20 UNDERTAKER N. R. Stchison & Son	ADDRESS Frederick, Md.
Te Te MOILENDIE CO DOLL	

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housenwid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. S.18. (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia (6) Grocery, Wom-

Strument of Cause of Death—Name, first, the Disease Course of Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosi inal meningitis"; Diohheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine dcfinitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), Chronie interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; approved by (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Committee on Nomenclature of the Chronie valvular heart disease; etc. The contributory

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האיהט	ר כ	DANG	27		
VKTHIS	IS A	PERMA	INKTHIS IS A PERMANENT CORD	CORD	1
y supplied	. ACE	Ehould	illy supplied. ACE chould be stated EXACTLY,	EXACTLY	5
in terms	so tha	t it may	be proper	ly classific	9

Y, PHYSI-	PLACE OF DEATH County Frederich WITHIN CORPORATE LIMITS O	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 131
CORD EXACTL riy classif	Village or City Fieder Ct (No. Pilage or City Fieder Ct (No. Pilage of City Filage of City Filag	St.: Ward) (if death occurred in a hospital or institution, give its NAME instead of street and number.)
ated	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A PERMANENT SE Ehould be strat it may be proons on back of	3 SEX 4 COLOR OR RACE B SINGLE, MARRIED, Ringle WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH Sept 20 (Month) (Day) (Year)	16 DATE OF DEATH 3cyt (Month) ZG (Day) 3G (Year) 17 I HEREBY CERTIFY, That I attended the deceased from Sect ZG 193.0, that I last saw h & slive on Sect ZG 192.30,
HIS IS A solied. ACE was so that instruction	7 AGE If LESS than day hrs. or min.?	and that death occurred on the date stated above, at 12.13 Am, The CAUSE OF DEATH * was as follows:
NG INKT refully suppling plain ten rtant. See	B DCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. & de.
AINLY, WITH UNFADII nformation should be castate CAUSE OF DEATH CCUPATION is very impo	9 BIRTHPLACE (State or country) 10 NAME OF FATHER Word H Filler	Contributory Secondary (Duretion) (Signed) (Signed) (Signed) (Address) (Duretion) (Signed) (Address)
	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or, Country) 14 COUNTRY (State or, Country)	*State the I iscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos. ds.
WRITE 3Every Item of in CIANS should statement of 00	(Informant) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address)	Where was disease contracted, if not at place of dea.h? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER Powell + allaugh Wordshord
Z	If more banks are needed, addre.s State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealnature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of whatever, write None. ployed, as At school, or At home. Care should be taken Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Foreman, or For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) At Home, and ehildren, not gainfully emwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlicria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"

> "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or misearriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely taken. State eause for which surgical operation was underean be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY Never report mere symptoms or terminal condi eough; or intercurrent) affection measures (disease important. Example: Measles (disease Chronic ete. valvular heart discase; Nomenclature The contributory Measles;

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PHYSI-

3 SEX

12 MAIDEN NAME

MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)

Filed 3 - Sellerale 198

PAR

15

EXACTLY, P CORD properly class should be stated PERMANENT BINDING 90 Every item of information should be carefully supplied. ACE should be CIANS should state CAUSE OF DEATH in plain terms so that it may be statement of OCCUPATION is very important. See instructions on back V FOR WITH UNFADING INK--THIS MARGIN RESERVED

WRITE

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No/ 3

_St.:V	(If death occurred a hospital or insti- tion, give its NAME	tu-
	stead of street a	nd

4 COLOR OR RACE

	number.)
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH
in s.	I HEREBY CERTIFY, That I attended the deceased from 1930 to QUA 3 , 1930, that I last saw HLT alive on QUA 3 , 1980, and that death occurred on the date stated above, at H. 31 Pm. The CAUSE OF DEATH * was as follows:
.5	4
	angua palana
	(Duration)yrsmosds.
-	Contributory Secondary
	(Signed) Relation (Signed) M. D. Seft 30,192 DAddress) Puderula Mod
	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
_	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	At place of deathyrs
-	Where was disease contracted, Where was disease contracted, if not at place of death?
	Former or usual residence Traduck Maryland
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	tameri cem 4 - Sept. 19 30.
	ADDRESS

PERSONAL AND STATISTICAL PARTICULARS

SSINGLE, MARRIED, WIDOWED.

Registrar

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

9	imale	Coto	ed	(Write th	ne word)	
6 [DATE OF BIR	RTH ,	Uul (Month)	2110	им, Рау)	I(Year)
7 A	GE	82? yrs.	m	nos		LESS than day hrs min.
P (I	usiness, or e	ofession or	in	Do	mest	元
9 E	(State or co		Mary	lau	d	
	10 NAME C	of Cat	rick	non	lo.	
ENTS	OF FATH (State o	LACE	Mar	yla	ud	

S. No. 1

8

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Carc should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Planter, laborer, Foreman, or At Home, and children, For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman. (b) without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material not gainfully em-Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilieria (avoid use of "Croup") Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. American Medical Association.) approved (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronehopneumonia (secondary), Chronie interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Λq cough; Committee on Nomenclature Chronic Example: Measles (disease valvular heart disease; etc. The contributory Measles;

II. his certificate is looked over thoroughly and a l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

PERMANENT BINDING FOR MARGIN RESERVED

PLACE OF DEATH	12926 STATE OF MARYLAND
County Masses	CERTIFICATE OF DEATH
nead [1]	Registration Dist. No. 13
Village or City Military (No	St.: Ward) St.: Ward) A hospital or instition, give its NAME stead of street a number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale Colond Single, MARRIED, Marries OR DIVORCED (Write the word)	16 DATE OF DEATH MON. 25 , 1930
6 DATE OF BIRTH Max 44 187	I HEREBY CERTIFY, That attended the deceased from 2 1930 to Mod, NL, 193
(Month) (Day) (Yea	
7 AGE If LESS t I day	hrs. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or Hocesewift	Carcinoma of Paucreas,
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)yrsmos
9 BIRTHPLACE (State or country) Md	Contributory Secondary (Dyfaton) yrs
10 NAME OF Livis Poroson	Mas 15 1030 (Address debute foron
(State or country)	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Virguia allees	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Training Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Md.	At place of deat' yrs
(Informant) Chas. Fisher	if not at place of dea.h? Former or usual residence
(Address) Union Bridge	19 PLAGE OF RURIAL OR REMOVAL DATE OF BURIAL Mar. 27, 193
Filed Mar 28 19230 MD Cufua	albaugh & Powell Librily toro
If more banks are needed, address State Regi	strar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook, Housemoid, etc. If the occupation has been changed should be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it tired 6 yrs). For persons who have no occupation household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer -- Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., without more precise specification as Doy worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (o) Foreman, (b) Automobile fuctory. The material sary to know (o) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken tion applies to each and every person, irrespective of or At Home, and children, not gainfully em-For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-pinal fever (the only definite synonym is "Epidemic cerebro-spinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease American Medical Association.) approved by as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, inges, perilonueum, etc., Corcinoma, Sarconu, etc., of (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Never report mere symptoms or terminal condi-Committee on Nomenclature Chronic etc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. E. Layery Item of information should be carefully supplied. ACE chould be stated EXACTLY, PHYSI-CANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact INLY, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING

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WRITE I

PLACE OF DEATH. County Frederick	10392 STATE OF MARYLAND CERTIFICATE OF DEATH
1 0	Registration Dist. No. 13/
Village or City Lederich (No. P. F.	St.: Ward) (If death occurred in a hospit I or institution, give its NAME istead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale white Single, single WIDOWED, OR DIVORCED (Write the word)	September (Month) 10 (Day) , (Year)
DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Left 909, 1920. to Control 1920, 1920, that I last saw h. M. alive on Left 000, 1930, 1930,
7 AGE If LESS than day hrs. ds. or min.	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	Marassins: Cornlefore its norme
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory was very ansemid
(State or country) 10 NAME OF FATHER UNKNOWN	(Signed) As Il Milliam M. D. 11 September (Address) Fredleich M. D.
OF FATHER Z (State or country) MADDEN NAME 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whother Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 12 MAIDEN NAME Mary 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs
(Informant) Daviel Strues	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Filederick, Md.	Middletown Md. Sept 10, 1930 20 UNDERTAKER Hadbill Middle
	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesmon. 4b) Gracery; nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servont, Cook, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., without more precise specification as Doy laborer, Farm laborer, Laborer—Coal minc, etc. Womworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemen, etc. But in many the first line will be sufficient, e. g., Former or Planter, whatever, write None. business, that fact may be indicated thus; Former (rfor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Never return "Laborer, "Foreman," "Manager," "Deal-Foremon, For many occupations a 01 yrs). Farm laborer, At Home, and children, For persons who have no occupation (b) Automobile factory. The material single word or term on not gainfully em-Wom-

Statement of Cause of Death—Name, first, the Dis-[1]
EASE CAUSING DEATH (the primary affection with respect
to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrosphall
fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup");
Typhoid fever never report "Typhoid Pneumonia");
Lobar pneumonio, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Meosles (disease "(Exhaustion," "Heart Innure, "Old Age," "Shock," use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," ctc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Whooping American Medical Association.) Recommendations on statement of cause of death Never report mere symptoms or terminal condicough; Chronic valundor heort disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the dark is essential and must be obtained before the certificate is permanently filed.

PHYSI-

EXACTLY, PI CORD Every Item of information should be carefully supplied. ACE should be stated EXAC CIANS should state CAUSE OF DEATH In plain terms so that it may be properly classistement of OCCUPATION is very Important. See instructions on back of certificate. PERMANENT BINDING GIN RESERVED FOR ADING INK--THIS

PLACE	OF	DEATH
LENGE	OI	DEATH

County Frederick

Erunswick



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

illage or Cit	ty	(No		St.: Ward) (If death occurred it
2FU	ULL NAME	na M. Flan	nnigan	tion, give its NAME in stead of street and number.)
PERSO	NAL AND STATIST	ICAL PARTICL	ILARS	MEDICAL CERTIFICATE OF DEATH
emale	4 COLOR OR RACE White	SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word	arried	16 DATE OF DEATH March 18 , 1930
DATE OF BI	April	5 (Day)	1862 , 1	Hereby Certify, That I attended the deceased from March, 3 1930 to March 18 ,19230 that I last saw her alive on March. 18 , 120
AGE	67 yrs. 4	mos. 13 ds	If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 7.30 P m The CAUSE OF DEATH * was as follows: PREUMONIA (Hypostatic)
(b) General in business, or	ountry)			Contributory Secondary Contributory Contrib
10 NAME FATHER	Chas. Nelm	eyer		(Signed). M. Dazler M. D. March 199230(Address) Frederick Md
OF FATHER GERMANY (State or country) 12 MAIDEN NAME				*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER UNKNOWN 13 BIRTHPLACE OF MOTHER UNKNOWN (State or Country)				18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrs
1	Joseph Flan		EDGE	if not at place of death? Former or usual residence
-	dress) Rrunswicl		4-6	Middletown Md. Date of Burial Nar. 21 1930
Filed Man 11 1980 Mar H S. Halano. Registrar			Registrar	AT 2272 Hon Bus swick Md
	If more branks are	needed, address	tate Kegistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architeet, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken For many occupations a single word or term on or At Home, and children, not gainfully em-

EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Ezhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary) Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "Puerperal septicacmia," "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (mercly symptom-(secondary (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. Then ture of the injury, aceident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJU.Y "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi or intercurrent) affection need not be ss important. Example: *Measles* (disease Chronic valvular heart disease etc. The contributory

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1930

Village or City Patrick With No. 2FULL NAME Sciolat A Village.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. OR DIVORCE (Write the word) (Write the word) (Wonth) (Day) (Yedr) 7 AGE 18 79 (If LESS than	16 DATE OF DEATH MINCH (Month) / (Day) (Year) 30 17 I HEREBY CERTIFY, That I attended the deceased from 1920. to Month (1920) that I last saw h malive on Month (1920), and that death occurred on the date stated above, at 1.25 m.
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	The CAUSE OF DEATH * was as follows: Ocute Manahita- (Duration)
which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	Contributory Secondary (Dultion) yrs mos ds. (Signed) *State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) OCHONICAL STATES OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the State yrs
(Informant)	Where was disease contracted, if not at place of death?
(Address) Claroll Asit Julius	19 TLACE OF BURIAL OR REMOVAL ATTEMORY PLANNING DATE OF BURIAL 20 INDERTAKER ADDRESS ADDRESS ALLENNING CLEMENT
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an tion applies to each and every person, irrespective of to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Grocery;

Strtement of Cause of Death—Name, first, the DIS-EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY can be ascertained as the cause. Always qualify all (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH
County Frederick

WRITE AINE, WITH UNFADING INK-THIS	N. BEvery Item of information should be carefully supplied. CIANS should state CAUSE CF DEATH in plain terms a statement of OCCIDATION is very important. See instance.
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ITE	shot
WR	CIANS
7	m
1)	Z

County Frederick	CERTIFICATE OF DEATH	
Within the Co	Registration Dist. No. / 3/	
Village or City Frederick (No. 25 6.	Fifth St: 4 Ward) (If death occurred is a hospital or institution, give its NAME is stead of street an number.)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED Widowed OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)	
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from 1920 to free 1920, 1920, that I last saw h an alive on Afril 7, 1920,	
7 AGE If LESS than day hrs day	and that death occurred on the date stated abova, at 1-45 Am. The CAUSE OF DEATH * was as follows:	
B OCCUPATION (a) Trade, profession or Honor Hono	(Duration) yrs mos 10 de	
9 BIRTHPLACE (State or country) Maryland 10 NAME OF FATHER FATHER	Contributory Secondary (Duration) (Signed) (Signed) M. D. M. D	
11 BIRTHPLACE OF FATHER (State or country) Maryland The state of country Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	
OF MOTHER SUSAN JB. Collis 13 BIRTHPLACE OF MOTHER (State or Country) Manueland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trumients or Recent Residents) At place of death	
(Informant) Charles & Fleming	Where was disease contracted, if not at place of dea h? Former or usual residence 29 W Du Lt Filedle 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
(Address) Mot Pleasant Filed 12 - aful 1920 Fra Melandy Registran If more blanks are needed, address take Kegistran	Mot Olivet Corn Afr 12 1930 20 UNDERTAKER ROBERS Frederich.	

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The question applies to each and every person, irrespective of cupation is very important, so that the relative healthlaborer, Rarm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal favor (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> American Medical Association.) (secondar/ or intercurrent) affection need not be st.ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E:haustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, menapproved by tctanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic Chronic interstitial nephritis, as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Committee on Nomenclature of the Chronic valvular heart disease; nephritis, etc. The contributory Always qualify all

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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N. BEvery item of Information should be carefuily supplied. ACE should be stated EXACTLY, PHY CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Estatement of OCCUPATION is very important. See instructions on back of certificate.	
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PLACE OF DEATH County of Trederick	O4283 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. /37
Village or City James breek (No. P. J. & Mess) 2FULL NAME Aufus Flicking	Ward) (If death occurred is a hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Maniel WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from September 192 g. to April 10 the 192 g. that I last sow here alive on April 9th 1920
7 AGE If LESS than I day hrs.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or January particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Durstion) yrs 9 mos de
10 NAME OF Set get flickinger 11 BIRTHPLACE OF FATHER (State or country)	(Signed) (Duration) J. Specific mos. de (Signed) (Signed) (M. I)
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. State yrs mos ds. Where was disease contracted, if not at place of death?
(Informani) Jarriso Fliesbriger, (Address) Den Obindson, Ind. 15 Filed app. 11 1936 MA Curfulay. Registrar	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER 20 UNDERTAKER ADDRESS ADDRESS ADDRESS ADDRESS
If more branks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken er," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many (6) Grocery;

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on (Recommendations on statement of cause of death or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); as fracture of skull, Examples: Accidental drowning; Struck by railway traintaken. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (secondary or intercurrent) "Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid cough; Chronic and consequences (e. g., sepsis, ", "Coma," "Convulsions, etc. The contributory valvular heart disease; affection need not be Nomenclature of the Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	PLACE OF DEATH	09231
	County Frederick	(69)
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	Village or City Mulman (No.	
	2FULL NAME Sarah Holf	- Flohr
1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL
	Female While Single, Married OR DIVORCED OR DIVORCED (Write the word)	06 DATE OF DEATH
	6 DATE OF BIRTH	17 I HEREBY CI
	aug. 11 . 1859	Mug 2,
	(Month) (Day) (Year)	that I lad saw hl a
	7 AGE If LESS than I dayhrs.	and that death occurred The CAUSE OF DEATH
	yrs. 5 mos. // ds. or min.? B OCCUPATION (a) Trade, profession or Housewife particular kind of work	Exhaustion
	(b) General nature of industry business, or establishment in which employed or (employer)	
	9 BIRTHPLACE (State or country) Mary Jan d	Contributory Secondary
	10 NAME OF Jacop St. Wolfs	(Signed) Traff
	OF FATHER (State or country) Eash Berlin Par	Ctate the Disease Violent Causes, state Accidental, Suicidal or I
	of MOTHER Elizabeth Jacobs	18 LENGTH OF RESID
	13 BIRTHPLACE OF MOTHER (State or Country) Eash Burlin Par	At place of deathmos
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) L. T. Flahr	Former or usual residence
	(Address) Phurmonh me	19 PLACE OF BURIAL O
	Filed 8-30- 180 Usma M. Registrai	20 UNDERTAKER Th'illinde &
		16 W Santa St. Pale

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. (If death occurred in a hospital or institu-St.: Ward) stead of street and number.) CERTIFICATE OF DEATH RTIFY, That I attended the deceased from was as follows:(Duration)(Duration) _____yrs.....mos......ds. se Causing Death, or, in deaths from
(1) Means of Injury and (2) Whether
Homicidal. ENCE (For Hospitals, Institutions, Trans-In theds. State_____yrs.___mos... ed. RREMOVAL

S. No.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer-(reor given up on account of the DISEASE CAUSING DEATH Housenwid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. Foreman, (b) Automobile factory. The material For many occupations a single word or term on Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebroganal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as cough; Chronic etc. valvular heart disease; The contributory

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PLACE OF DEATH

BINDING

RESERVE

MARGIN

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whatever, write Nonc. tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Ccal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed guged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on (b) Automobile factory. The material Stationary fireman, etc. But in many (6) Grocery;

Stricement of Cause of Death—Name, first, the Disease. Stricement of Cause of Death—Name, first, the Disease. String and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal condistated unless important. Example: Measles (disease approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Meastes; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death "Atrophy," "Collapse, resulting from childbirth or miscarriage as Chronic valvular heart disease; ," "Coma," "Convulsions, etc. The Nomenclature of the contributory not be

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should be stated EXACTLY, PHYSI-CORD Every item of information should be carefully supplied. ACE should be stated EXAC CIAN'S should state CAUSE OF DEATH in plain terms so that it may be properly classitatement of OCCUPATION is very important. See instructions on back of oertificate. PERMANENT BINDING FOR V. S WITH UNFADING INK--THIS RESERVED MARGIN WRITE

PLACE OF DEATH County Trederick Village or City State Samuelorum 2FULL NAME Ella M.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 139 St.: Ward) The lynn (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WILDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH O 2 1 , 1923 0
Oct 28, 1873	0 07 21 1923 0 to 0 0 7 21 , 192 3 C
(Month) (Day) (Year)	that I last saw h Nalive on C. 1. 1923.0
5 6 yrs. 11 mos. 23 ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry usiness, or establishment in	and that death occurred on the date stated above, at 2.49 f.m. The CAUSE OF DEATH * was as follows:
which employed or (employer)	(Duration) yrs mos de
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER C (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed) (Duration) (Duration) (Signed) (Signed) (Address) (Address) (Address) (Address) (Table 1) (Table
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 12 MAIDEN NAME OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) At place of death yrs mos ds.
(Informant) Wa Gardner	Where was disease contracted, in not at place of death? Former or usual residence 2715 Winchester St. Balton
(Address) Stale Sarketorum Md. Filed Pr/m 192 Registral	20 UNDERTAKER ADDRESS Thurmont

If more blanks are needed, address tate Kegistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

er," etc., without more piccase of the loborer, Form laborer, Laborer—Coal minc, etc. Womstate occupation at beginning of illness. If retired from work, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. lired b. yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-Foreman, or At Home, and children, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation not gainfully em-

EAR 2 CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia,"); Lobar pneumonia; Bronchopneumonia ("Pneumonia,")

State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonilis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Corcinoma, Sorcoma, etc., ol approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicidc; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., whon a definite disease (secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse, Never report mere symptoms or terminal condi (name origin; "Cancer" is less definite; avoid or intercurrent) Chronic Example: Measles (disease ," "Coma," "Convulsions, volvular heart disease; etc. The contributory affection need not be Measles ;

If this certificate is looked over thoroughly and a l qu stions appreciated in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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V. S. No. 1.

PLACE OF DEATH	01644 STATE OF MARYLAND CERTIFICATE OF DEATH
County Fred S	Registration Dist. No. 140
Handaland m	91-C) St: Ward) (If denth occurred in
2 FULL NAME Charles Culv	a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	Dec. 2.3. 1925, to ASb. 1. 23 - 1930.
July 14, 1858	that I lost saw h me alive on FW. 1. 2.3
7 AGE (Mopth) (Day) (Year)	and that death occurred on the dete stated above, at
1 dayhrs.	The CAUSE OF DEATH & was os follows:
8 OCCUPATION (a) Trade, profession or Patricular kind of work 2 Lined Tarrense	(Presio Selevas >
(b) General nature of industry business, or establishment in	(Duration)yrsmosde
which employed or (employer)	Contributory Secondary
(State or country)	(Duration)yrsmos de
10 NAME ON FATHER Halland France	(Signed) (O) (O) (O) (O) (O) (O) (O) (O) (O) (O
11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidai or Homicidal.
12 MAIDEN NAME OF MOTHER OF MOTHER & Beard	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrsmosda. State,yrsmosda
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Information, O. E. Stogle	Former or usual residence.
(Address) Halkeysoch Ma	19 PLACE OF BURIAL OR REMOVAL SATE OF BURIAL
Filed 2/25 1930 & Kocorell Registrar	20 UNDERTAKER ADDRESS
	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

-business, that fact may be indicated thus: Farmer (restate occupation at beginning of lliness. If retired from or given up on account of the disease causing Death, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school or At home. Care should be taken should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery. whatever, write None. tired 6 yirs.). For persons who have no occupation to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered a. Housewife, House household only (not paid Housekeepers who receive a on at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, c. g., Farmer or Planter, (a) Foreman, (b) Automobile factory. The material cases, especially in inclustrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomolive engineer, tion applie to each and every person, irrespective of fulness of variou pursuits can be known. capation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day The ques-

spinai meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospina Lobar pneumonia, Bronchopneumonia ("Pneumonia, Typhoid fever (never report "Typhoid pneumenia") to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the pis (the only definite synonym is "Epidemic cerebro

> unqualified, is indefinite); Tuberculosis of lungs, men Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; diseases resulting from childbirth or miscarriage as "Dropsy," "Exhaustion," "Heart failure," "Haemor symptomatic), "Atrophy," "Collapse," "Coma," "Concouditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid ingra, perilonatum, etc., Carcinoma, Sarcoma, etc., of Poisoned by curbolic actd-probably suicide. The na Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal or homicidal, or taken. For violent bratis state means of injury State cause for which surgical operation was under-"Puerperal septicacmic," "Puerperal poritonitis," can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," yulsions," causing death), 29 ds.; Bronehopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be Whooping cough; "Debility" ("Congenital," "Senile," etc.), Chronic valvuler heart (Recommendations on state-Example: Mcasles terminal (disease discase; Measles; (merely (second-

tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before

the certificate is permanently filed.

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	PLACE OF DEATH	STATE OF MARYLAND
	controlling to	CERTIFICATE OF DEATH
	County	, , , , , , , , , , , , , , , , , , , ,
	II 1 . // 120 h	Registration Dist. No.
	Village or City Melling (No. 9)	St.: Ward) (If death occurred in a hospital or institu-
	6/1. 140	tion, give its NAME in-
1	2FULL NAME CLARENT	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE SINGLE,	TO DATE OF DEATH ALL 27
1	WIDOWED OR DIVORCED TO MAR	Jer. 21, 1980
	Through I (Write the word)	(Month) (Dsy) (Year) (Year)
	6 DATE OF BIRTH	HEREBY CERTIFY, That leattended the deceased from
	augush // . 1857	75 h 27 23
I	(Youth) (Day) (Year)	that I last saw h alive on 1960,
3	7 AGE If LESS than I day	and that death occurred on the date stated above, atm, The CAUSE OF DEATH *_was as follows:
	vrs. 6 mos. de. or min,	Laku Premerina
	8 OCCUPATION	
1	(a) Trade, profession or particular kind of work	
:	(b) General nature of industry	
3	business, or establishment in which employed or (employer)	(Duration) yrs. mos de.
5	9 BIRTHPLACE	Contributory Secondary
	(State or country)	(Duration) & yrs. / mosds.
	10 NAME OF P	(Signed) / Deluce M.D.
2	FATHER John N. Hoffman	2/28/ 1984 (Address) Trances Red.
)	U II BIRTHPLACE	
	Z (State or country)	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	12 MAIDEN MAME OF MOTHER O	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE	lents or Recent Residents)
1	OF MOTHER	At place of death yrs mos. ds. lin the State mos. ds.
	(State or Country)	Where was disease contracted, if not at place of doa.h?
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or 177 m. 1. 11 Buch
	(Informant Clarence to togle)	ususi residence
	122 mate that the	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) a live of the live o	Collagerstor Mark 1990.
1	15 Filed A- luch - 1903 Amelyants	20 UNDERTAKER ADDRESS
	Registra	18 teresger Hon Hurmon
	If more b.anks are needed, address State Kegistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. I. Md.
	MI CONTRACTOR OF THE CONTRACTO	

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many 6 Grocery;

Statement of Cause of Death—Name, first, the DISEACE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Ynanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease tctanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles; approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) Whooping American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJULY cough; Committee on Chronic valvular heart disease; etc. The contributory affection need not be Nomenclature of the

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S. No. 1

PLACE OF DEATH		STATE OF I	MARYLAND
County Inderies	02929	CERTIFICATE	
20 Al	(46)	Registration I	1019
Village or City Unionville (No	·le)	St.:Ward)	(If death occurred In a hospital or institu- tion, give its NAME is stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE O	OF DEATH
Jenale Hule Single. Married Widowed. OR DIVORCED (Write the word)	16 DATE OF DEATH	man	/01, 1930 (Day) (Year)
6 DATE OF BIRTH (My th) (Day) (Year)	that I last saw h. A	Lestil after the	ended the deceased from a sed 1, 192 , 192
7 AGE 26 yrs. 6 mos. 7 ds. or min.?	The CAUSE OF DEA	eptic Cufr	00 /- /
(a) Trade, profession or Housewifs particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	abortion, a	t the end of the	Ofist month of
9 BIRTHPLACE (State or country) Md.	Contributory Secondary	A (Puration)	ds.
10 NAME OF Joseph Stice	(Signed) Utus 1 Maa 2 193	O (Address) Alber	la tolow M. D.
OF FATHER (State or country)	*State the I Violent Causes, s Accidental, Suicidal	is aso Causing Death, tate (1) Means of Ir or Homicidal.	or, in deaths from njury and (2) Whether
of MOTHER Myrtle Pluby		SIDENCE (For Hospi	tals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) Mol.	At place of deat' yrs	tracted,	teyrsds.
(Informant) Mrs Myste Ruby Slive			
That Kensviller md.	19 PLACE OF BURI	Cause lere	MAI 3 30

(Approved by U. S. Census and American Public Health Association.)

Spinner, er," etc., state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Furmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day Compositor, Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perdonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Nomenclature taken. FOR VIOLENT DEATH'S State MEANS OF INJURY diseases resulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi interstitial nephritis, Chronic valvular heart etc. The contributory

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N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact LAINLY, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE V. S. No. 1

County County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 137
Village or City Brillago (No	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. White OR DIVORCED (Write the word)	16 DATE OF DEATH Q (Month) (Day) (Year)
(Month) (Day) (Year)	that I last saw h ar alive on O 1 1923 o
7 AGE (Month) (Day) (Year) 7 AGE If LESS than day of his. day of	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Mode	a darkcolored substance coming out of mos of the Contributory Secondary
10 NAME OF FATHER Pacel Tr. Foglo 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER WAY E, Orenn	*State the Jis ase Causing Death, or, ideaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Honicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfers of Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of deat' yrs mos ds. State yrs mos ds. Where was disease contracted, if not at place of death?
(Informant) May E, Foglo (Address) Fixed R M9. 15 Filed Of 16 1930 MA Curfusus Registrar	Former or usual residence 19 PLACE OF BURIAL OB REMOVAL 19 PLACE OF BURIAL OB REMOVAL 10 LINGUE CHARLE 20 UN DERTAKER 10 WELL HAlbrugh 10 WELL HALBRUG
If more blanks are needed, address tate Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. tired 6 yrs). business, that fact may be indicated thus; Further Cre state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH guged in domestic service for wages, as Scruant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. Housemuid, etc. If the occupation has been changed Never rcturn "Laborer," "Foreman," "Manager," "Deal-For many occupations a single word or term on Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many Locomolive engineer,

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME in street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SSINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED (Write the word) (Day) I HEREBY CERTIFY, That hattended the deceased from 6 DATE OF BIRTH (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: min.? (a) Trade, profession or particular kind of work Ma (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER II BIRTHPLACE OF FATHER I is ase Causing Death, or, in deaths from state (1) Means of Injury and (2) Whether *State the Z Violent Causes, (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE In the OF MOTHER State (State or Country) Where was disease contracted, if not at place of ,dea.h? 14 THE ABOVE IS TRU 19 PLACE OF BURIAL OR REMOVAL

If more b.anks ere needed, addre.s State Registrar, 16 W. Saretoga St., Belto, Kequesting V. S. No. 1.

Registra

20 UNDERTAKER

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-('oul minc, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemun, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, ," etc., Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation

Stetement of Cause of Death—Name, first, the DISEACT CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal lever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"

(Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all atic), "Atrophy." "Collapse," "Coma," "Convulsions, stated unless important. Example: Meastes (disease use of "Tumor" for malignant neoplasms); Mcasles; as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, uccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Uraemia," "Weakness," etc., when a definite disease Never report mere symptoms or terminal condi-Chronic affection need not be etc. The contributory valvular hcart Nomenclature of the disease ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Vil		Prederic					
		LL NAME R				1	
3 s	BEX	4 COLOR OF White		5 SINGLE, MARRIED. 1 WIDOWED, OR DIVORO (Write the W	Sing	1	16 DATE OF I
6 I	OATE OF BIR	Septe	mber (Month)	19,		930 (Year)	that I lost say
7 /	AGE .	O yrs.	1	6 mos	1 day	SS than hrs. min.?	and that deat The CAUSE O
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PARENTS	b) General resusiness, or exhich employ BIRTHPLACE (State or co	James I LACE HER OF COUNTRY) NAME HER CLACE HER OF COUNTRY) NAME HER CLACE HER OF COUNTRY) NAME HER CLACE HER OF COUNTRY) NAME HER TOUTH	arylan Ford. Md. Shan Va.	d k.	WLEDGE		(Signed)

12431 STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No./3/=

Ct. Word)	(If death	occurr
St.:Ward)	a hospital	or in

ed in tion, give its NAME in-stead of street and

number.)

MEDICAL	CERTIFICATE C	F DEATH	
16 DATE OF DEATH	October	25,	1930 , 192
Pakoo:::0000 0000	(Month)	(Day)	(Year)
Det HEREBYO	ERTIFY, That I att	ended the c	lecoped from
that I lost saw h Zu.	live on Oct	24	1920
and that death occurred	d on the date stated	above, at 2	45P. m
The CAUSE OF DEATH		,,	
4-00		, ,	
Staplyler	weensth	euu	July

***************************************	***************************************		14
***************************************	(Durstion)	y18	mosdi
Contributory Secondary (Signed) Oct. 25, 1930	(Durstion) (Address) Freder	ick, Md	•
*State the Diser Violent Causes, state Accidental, Suicidal or	ase Causing Death, (1) Means of In Homicidal.	or, in d jury and (eaths from 2) Whether
18 LENGTH OF RESI	DENCE (For Hospidenta)	tals, Institu	
At place of deathyısmos	ds. In the	еутв	mo=d
Where was disease contractif not at place of death?	ted,		
Former or usual residence			**************************
Union Chapel M			6, 19 3 0
20 UNDERTAKER		ADDRESS	
M. R. Etchison	& Son	Freder	ick, Md.

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborerwithout more precise specification as Day (a) the kind of work and also (b) the -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY (secondary unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as or intercurrent) affection need not be Example: Measles (disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

>

PLACE OF DEATH County Fracelarich Within the	01646	STATE OF M CERTIFICATE	OF DEATH
ViNage or City Frederick No. 333 Mil	adison	Registration I	
PERSONAL AND STATISTICAL PARTICULARS	MEDICA	AL CERTIFICATE O	E DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, Surgle MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH	Fiele	23 , 10 5 6 (Day) (Year)
7 AGE Month Day (Year)	that I last saw h	Salive on January	0
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Grand 7 FATHER	Contributor know Secondary		wis mos de hild had con the mos de,
11 BIRTHPLACE OF FATHER (State or country) Mo aregioned 12 Maiden Name OF MOTHER Colsie Mc Briede 13 BIRTHPLACE	*State the I is Violent Causes, star Accidental, Suicidal of	(Address) Pase Causing Death, ta (1) Means of Injurishment of	or, in deaths from try and (2) Whether
OF MOTHER (State or Country) Ho aryland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Geray Honell	of deathyrsmo Where was disease contra if not at place of dea h Former or usual residence	s. State, cted,	yrsda,
(Address) 208. Washington St File LY The 1920 from Cours	19 PLACE OF BURIAL Mot Olive 20 UNDERTAKER Thomas	or REMOVAL To The Sice	Treb 24 1930 ADDRESS Macdaziofa
If more blanks are needed, address thate negistrar	, 16 W. Saratoga St., B	alto., Requesting V. S.	Ivo. I.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery. (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g.. Farmer or Planter, tion applies to e.ch and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Parmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook; Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Physician, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken For many occupations a single word or term on Compositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many

Streement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal menin_itis"); Dinhlheria (avoid use of "Croup"); Inphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "PUERPERAL scplicaemia," "PUERPERAL perilonilis, "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomst_ted unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. (secondar/ or intercurrent) affection need not be American Medical Association.) perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as cough; Chronic valvular heart disease;

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Dr. Hedges

N. B.

	PLACE OF DEATH
	County JAMANCA
Vil	llage or City Burnswich (No.
_	2 FULL NAME Edwin & Govern
	PERSONAL AND STATISTICAL PARTICULARS
3 8	MARRIED WIDOWED. Whit Write the word)
6 1	DATE OF BIRTH
	(Month) (Day), 1866 (Year)
7 #	If LESS than I day hrs. or min.?
P (lb v	DOCUPATION (a) Trade, profession or Bullenname (b) General nature of industry (b) Usiness, or establishment in Which employed or (employer) BIRTHPLACE (State or country)
	10 NAME OF FATHER MISSING FAMILIA
STN	11 BIRTHPLACE OF FATHER (State or country)
ARE	12 MAIDEN NAME OF MOTHER MANY Pochagen
Д	13 BIRTHPLACE OF MOTHER (State or Country)
14	(Informant) May Vina Hinking
15	(Address) Duysonik My
	Filed Un 1 1980 Cles to No Haloro

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

TE LIMITE OF

.......Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)

DATE OF BURIAL

ADDRESS

MEDICAL CERTIFIC	CATE OF	DEAT	Н	
16 DATE OF DEATH	ch ;	7	ير 19	0
(Mon	th)(Day)	(Yea	r)
mor 7 un 1980. to	mare	the	deceased	Allen .
that I last saw h walive on)	norg	3,	19	20
and that death occurred on the dat		ve, at	0 1	m
The CAUSE OF DEATH * was as fol				
Coubral &	ano	ock	ogr	
***************************************	****************	*************	16	5
Duratio	TVyr	8	mos	de
Contributory Secondary (Durati	Sclere		mos	ds
(Signed) Quil 1	Viel			
*State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.	Death, or, s of Injury	in c	leaths from (2) Whether	m er
18 LENGTH OF RESIDENCE (For	Hospitals,	Instit	utions, 1	runt
ients or Recent Residents)				
At place of deathyrs	In the State	yrs	mos	de
Where was disease contracted, it not at place of dea h?				******
Former or	A	**********	************	

PLACE OF BURIAL OR REMOVAL

UNDERTAKER

If more banks are needed, addre state Negistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quessary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation household only (not paid *Househeepers* who receive a definite salary), may be entered as *Housewife*, *House*en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopseumonia ("Pneumonia,")

st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; "Debility" ("Congenital," "Senile," etc.), "Dropsy," (E.:haustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) (name origin; "Cancer" is less definite; avoid approved by Committee on tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify ali "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions," tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, (Recommendations on statement of cause of death as fracture of skull, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, Chronicand consequences (e. g., sepsis, etc. The contributory valvular heart disease; affection need Nomenclature of the not be

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PLACE OF DEATH

Village or City Trederics North X	Registration Dist. No. St.: Ward) (If death occurred is a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male John OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Jug 13, 1980 (Youth) (Day) (Year)
6 DATE OF BIRTH Aug 5, 1930 Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	Gremsture (8 ms.)
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Within har Placenta Trevia Secondary
10 NAME OF FATHER Theadow Fresh	(Signod) (Duration) yrs mos ds. (Signod) Author Degree My D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Tula M. Smith 13 BIRTHPLACE OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER 14 A A A A A A A A A A A A A A A A A A A	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the of death yrs
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h? Former or usual residence
(Address Little Man	mh Bethel ang 13,930
	20 UNDERTAKER ADDRESS

09232

(161-00)

STATE OF MARYLAND

se booth on

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken tired 6 definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Form laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Civil enginecr, Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Locomotive (b) Grocery; engineer,

Statement of Cause of Death—Name, first, the DISEACE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilaria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"(Exhaustion," "Heart failure," "Haemorrnage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, (Recommendations on statement of cause of death causing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." carbolic ocid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic valvular heart disease; etc. The contributory affection need not be Nomenclature of the

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. W. No. 1	MARGIN RESERVED FOR BINDING
WRITE	WRITE AINLY, WITH UNFADING INK-THIS IS A PERMANENT
N. BEvery item	N. BEvery item of information should be carefully supplied. ACE εhould be stated CIANS should εξεξε CAUSE CF DEATH in plain terms so that it may be proper
statement of	OCCUPATION is very important. See instructions on back of cert

V. 8 No. 1

PLACE OF DEATH County Frederic/C	14230 STATE OF MARYLAND CERTIFICATE OF DEATH
County / Made Co.	Registration Dist. No. 135
Village or City Garfield, (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
2FULL NAME (JUNIO) COUNTRY OF THE	(60)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, Midowed. OR DIVORCED (Write the word)	(Month) (Day) /9 (Year)
6 DATE OF BIRTH (Month) (Day), 1868 (Year)	that I last raw him alive on 100.1. 1950.
7 AGE If LESS than	and that death occurred on the date stated abovo, atm,
62 yrs. 6 mos. de. or min.	The CAUSE OF DEATH * was as follows:
e occupation (a) Trade, profession or Saborer particular kind of work	acute Rardine dilatation
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory arthrio Selenasis 7 aarts
9 BIRTHPLACE (State or country) Maryland	Requisitation Dyrs
FATHER Stawel W. Forrest.	(Signed) Toaskaf / aties M. D.
of FATHER (State or country) Maryland,	*State the Discase Causing Death, of, in deaths from Violent Causes, state (1) Means of Lajury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER amandalo. Dubel.	Accidental, Suicidal of Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Marylound.	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
Man Laure	Former or usual residence
(Informant) 2000, Quity Smithsfurg	19 PLACE OF BURIAL OR REMOVAL POTE OF BURIAL NOTA 4, 1930
15 Filed Nov. 4 1920 Charles L. Leatherma	20 UNDERTAKER REMOTES Frey Smithsbury
If more b.anks are needed, addre.s tate Kegistra	r, 16 W. Saratoga St., Balto., Landesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupationshould be used only when needed. As examples: (c) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every person, irrespective ch cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an Physicin, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day specifically the occupations of persons en-(b) Automobile factory. The material For persons who have no occupation -Precise statement of oc-(b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospical fever (the only definite synonym is "Epidemia cerebross, inal meningitis"); Diphtheria (avoid use of "Croup"); Syphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (secondar) or intercurrent) affection need not be st.ted unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. and qualify as accidental, suicidal or Homicidal, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E.haustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Com2," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.:Y Committee on Nomenclature of the Chronic valvular heart disease; etc. The contributory Always qualify all

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Frederick April the County	02931 STATE OF MARYLAND CERTIFICATE OF DEATH
The state of the s	Registration Dist. No. / 2/
Village or City Trederick (No. Horth)	Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White Single, Married, Wilowed White Write the word)	16 DATE OF DEATH March 30, 1930. (Month) (Day) (Year)
6 DATE OF BIRTH Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1930. to March 30, 1930 that I last saw here alive on March 30, 1930.
7 AGE 5 4 yrs. / 0 mos. / 4 ds. ormin.?	and that death occurred on the date stated above, at 4.30. fm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Return Wagon Meller (b) General nature of industry business, or establishment in	Comment of the man de
9 BIRTHPLACE (State or country) Fudures Co. Md	Contributory Secondary (Duration) mos ds
10 NAME OF FATHER Charles Foux	(Signed) J. J. Mg D. Mg
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER M. AND AND MAINTENAME M. AND	*State the Liscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or Country) Truck Co. Nel.	ients or Recent Residents) At place of deathyrsmosds. Where was disease contracted.
(Informant) Mrs. Merry D. Fort	if not at place of dea h? Former or usual residence of & the Steel Freduce
(Address) Frederick mel	my. Hive County 4 1936
Filed Life 1980 tras McChurchy Registras	6.8. Cline How Fuding Med
If more blanks are needed, address tate Registrar	, 16 W. Saratoga St., Balto., Lequesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealadditional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g. Farmer or Flanter, tion applies to e ch and every person, irrespective cf cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, en at home, who are engaged in the duties of the whatever, write Nonc. Housemaid, etc. If the occupation has been changed Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> st_ted unless important. (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant ncoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of totanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Hacmorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondar or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephrilis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Com2," "Convulsions, Never report mere symptoms or terminal condi-Example: Measles (disease

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

HYSI. Exact

PLACE OF DEATH
County Trederick
Althin the Co
Village or City Drederick (No. Trede
2FULL NAME Joetus Jou
PERSONAL AND STATISTICAL PARTICULARS
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. GR. DIVORCED. (Write the word)
6 DATE OF BIRTH
(Month) (Day) (Year)
Stell boun If LESS than day hrs.
8 OCCUPATION
(a) Trade, profession or
(b) General nature of industry
business, or establishment in which employed or (employer)
N .
9 BIRTHPLACE (State or country) Mullrick. Ind
1 10 NAME OF
FATHER Mondel Guy Fout
on II BIRTHPLACE
State or country) Trederick. Ind
M 12 MAIDEN NAME
of MOTHER Cenerce chayes.
13 BIRTHPLACE OF MOTHER
(State or Country) Smithsburg. Md.
14 THE ABOVE IN TRUE TO THE BEST OF MY KNOW LEDGE
(Informant) Donald & Fout;
(Address) Frederick, Md.
15 Filed b- flene 1980 Dray luclusly
If more blanks are needed, addre.s Ltate ligistrar

	STATE	OF	MAR	YLAN	D
(ERTIFIC	CATE	OF	DEA.	ТН
				121-	-

Registration	ist. No./	/	
despelved)	(If death a hospital tion, give i stead of number.)	or ins	titu-

MEDICAL CERTIFICATE OF DEATH
(Month) 3 (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from the last saw here on form for the last saw here on form for the CAUSE OF DEATH * was as follows: (3 Mu fulls)
(Signed) (Durstion) yrs. mos. ds. (Durstion) yrs. mos. ds. (Signed) (Address) Algerra (U.)
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Meana of Injury and (2) Whether Accidental, Suicidal or Homicidal.
At place of dea h?
DATE OF BURIAL OR REMOVAL Clanded Ethison M. R. Chrison Frederick Md 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

S 30 >

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from whatever, write None. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, the first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every person, irrespective ci ployed, as At school, or At home. Care should be taken Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros in al meningitis"); Diphtheria (avoid use of "Croup"); I Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease st_ted unless important. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "(E:haustion," "Heart Imme, "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar) or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory American Medical Association.) Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-

	PLACE OF DEATH County Frederick Village or City (No. (No. (No. (No. (No. (No. (No. (No.					d) (If death occurred i	
	2FULL NAME Mrs. Eva Hall Fox				**************************************	tion, give it	
	PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		OF DEATH	
	female colored Single, Widow Widowed. or Divorced (Write the word)			16 DATE OF DEATH	December	16th., 193 0 (Day) (Year)	
6 D	ATE OF BI	U NKNOWN		, 1	June Physi	CERTIFY, That be	ronen gott gott
7 A	GE	(Mont)		(Year) [If LESS than I dayhrs. ormin.?	and that death are	TH * was as follows:	
6 0	CCUPATIO	profession or Domos	+:0		corgan	ec Klash	Nuseano
(a pr (b bi	articular king General asiness, or hich employed (State or constant)	profession or nature of industry establishment in oyed or (employer)	ıd		Contributory Secondary	A	
(a) property (b) w 9 B	1) Trade, particular kind (Seneral asiness, or hich emploisment of the control of	or of ession or not of work Domes ind of work Domes industry establishment in oyed or (employer) Marylar of Thos. H. Halplace There or country) Marylar of country)	nd .1.		Contributory Secondary (Signed) 12-/7 193	(Duration)	yre moe de M. E
(a profile to the pro	1) Trade, particular ki 3) General 1) General 1) Siness, or 1) hich emple (State or c 1) NAME FATHEI 1) BIRTHF OF FAT (State 12 MAIDE OF MO 13 BIRTH OF MO	or of ession or dind of work work nature of industry establishment in oyed or (employer) warylar or (employer) warylar or Thos. H. Hall Place or country) waryls in Name there wary for the waryls or country waryls or country) waryls or country war	id.		Contributory Secondary (Signed) *State the Violent Causes, 8 Accidental, Suicidai 18 LENGTH OF RE ients or Recent Re At place of death yrs	(Duration) (Address) (Address) Disease Causing Deat tate (1) Means of or Homicidal. ESIDENCE (For Hosesidents) In the second control of the second co	yrs mos d
PARENTS w	1) Trade, particular ki 2) General 3) General 3ineas, or hich emple (State or c 10 NAME FATHEI 11 BIRTHF OF FAT (State 12 MAIDE OF MO' 13 BIRTH OF MO' (State	or of ession or dind of work nature of industry establishment in oyed or (employer) Those H. Hale or country) PLACE THER Mary J:	ind		Contributory Secondary (Signed) *State the Uiolent Causes, B Accidental, Suicidai 18 LENGTH OF RE ients or Recent Re	(Duration) (Address) (Address) Disease Causing Deat tate (1) Means of or Homicidal, ESIDENCE (For Hosesidents) In to Stream ds. Fifth St.	h, or, in desths from injury and (2) Whether

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er," etc., without more process. The laborer, Farm laborer, Laborer—Coal mine, etc. Womlaborer, Farm laborer, among in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material Grocery,

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(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inanition," "Heart failure," "Haemorrnage, "Shock," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuky State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, " "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

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whatever, write Nonc. tired 6 yrs). . Housemuid, etc. If the occupation has been changed er," etc., William Laborer, Laborerfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from g ged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseen at home, who are cugaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. first line will be sufficient, e. g., Farmer or Planter, Foreman, (b) Automobile For many occupations a single word or term on or At Home, and children, not gainfully em-(b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-

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Village or City Near Catachin	State of Maryland CERTIFICATE of DEATH Registration Dist. No. 144 St.: Ward) If death occurred in a hospital or institu-
2 FULL NAME Lazel Mar	dou, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR DACE 5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	Die 10" 19130, to Die 11" ,19730
(Month) (Day) (Year)	and that death occurred on the date stated above, at // 80 A.m.
If LESS than I dayhrs.	The CAUSE OF DEATH of was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry	1 6
business, or establishment in summercual suns, which employed or (employer) summercual suns, 9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF Chas. D. Fraley	(Signed) Morris a. Driel M. D. (Signed) 19730 (Address) The Survey - End.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER LA C. C. Senance	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos da. State, yrs mos da.
H THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Chas V. traley	Former or usual residence.
: Addros Thurmont ghd	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed De 13 1930 anna M. Jones Registrar	M. L. Creage Sathurmont
" more blanks are needed, address State Registrar.	16 W. Saratoga St. Balto., Requesting V. S No. 1. Md

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Furmer state occupation at beginning of illness. If retired from ployed, as At school or At home. Care should be taken whatever, write None. tired 6 yrs.). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal worked on may form part of the second statement. additional line is provided for the latter statement; it work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many tion applies to each and every person, irrespective of (a) Foreman, (b) Automobile factory. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Plunter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc For many occupations a single word or term on The material 10°C-

Typhoid fever (never report "Typhoid pneumonia") spinal meningitis"); Diphtheria (avoid use of "Croup") EASE CAUSING DEATH (the primary affection with respect Lobar pneumonia, Bronchopneumonia ("Pneumonia fever (the only definite synonym is "Epidemic cerebro ed term for the same disease. Examples: Cerebrospindi to time and causation), using always the same accept Statement of Cause of Death-Name, first, the Dis

> head of "contributory." (Recommendations on statethent of cause of death approved by Committee on quences (c. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or taken. For violent deaths state micans of injury "Puerperal septicaemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." "Heart failure." "Haemor vulsions," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report more symptoms or terminal nges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid omenclature of the American Medical Association.) Poisoned by curbolic acid-probably suicide. The na-Examples: State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need Whooping cough; "Debility" ("Congenital," "Senile," etc.), Accidental drowning; Struck by railroay Chronic valvular heart disease; Example: Mcasles (disease (secondnot be

rie such If this certificate is looked over thoroughly and all ques-Il the data is essential and must be obtained before swered in detail, it will prevent further correspond-

ertificate is permanently filed.

PLACE OF DEATH County Fredrick	01647 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Tolullasullono. 2 FULL NAME Boley Frale	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and aumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
8 SEX 1 COLOR OR RACE 5 SINGLE, MARKED, WIDON TO OLOR OR RACE OF BIRTH 28 20	16 DATE OF DEATH (Month) (Day) (Da
(Month) (Day) (Year) 7 AGE If LESS than I day hrs. wrs. mos. ds. or min. ? 8 OCCUPATION (a) Trade, profession or	and that death occurred on the date stated above, at
particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary Ouration), yrs. mos. ds.
10 NAME OF FATHER State or country) Manual Country Manual Country of Manual Country	(Signed)
13 BIRTHFLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs. mos. da. State, yrs. mos. de. Where was disease contracted, if not at place of death? Former or
(Address) Strille will (Address) Filed Reh 25. 1970 & Volume Registrar If more blanks are needed, address State Registrar.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Thurmout we maintenance, 193.2 20 UNDERTABER ADDRESS M. L. Creggel of Thurmout 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Housebusiness, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing Death, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages. as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine. etc. Womer," cte., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement (a) Foreman. (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; should be used only when needed. As examples: (a) a 'ditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various Firmits can be known. The queswhatever, write None. thed 6 yes.). For persons who have no occupation cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oe without more precise specification as Day

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ocrebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid phenmenia"); Lobar pneumonia, Bronchopneumonia ("Pheumonia,")

head of "eontributory." ary), 10 ds. Never report mere symptoms or terminal ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; rhage," "Inanition." "Marasmus," "Old Age." "Shoek," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," eausing death), 29 ds.; Bronchopneumonia stated unless important. mges, peritonacum, etc., Curcinoma, Sarcoma, etc., of (name orlgin; "Cancer" is less definite; avold unqualified, is indefinite); Tuberculosis of lungs, men-Nomenelature of the American Medical Association.) Poisoned by curbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or State cause for which surgical operation was under-"Puerpenal septicuemia." "Puerpenal peritonitis," etc. diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorvulslous," (seeondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; use of "Tumor" for malignant neoplasms); Measles; FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Chronic valvular (Recommendations on state-Example: Measles "Anaemia" heart (disease discase; (merely

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STATE OF MARYLAND

PLACE OF DEATH,	STATE OF MARYLAND			
County Frederick	CERTIFICATE OF DEATH			
l+ + 0 +.	Registration Dist. No. 13 9			
Village or City Lale San (Colo VIII	St.: Ward) (if death occurred in a hospital or institu-			
2FULL NAME Elizabeth F	+. Frazier tion, give its NAME in- stead of street and number.)			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
SEX 4 COLOR OR RACE SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH De / 2 , 19# 3 0 (Month) (Day) (Year)			
(Month) (Day) (Year	that I last saw h M alive on D C L 19230			
7 AGE State State	and that death occurred on the date stated above, at 4.30 ftm. The CAUSE OF DEATH * was as follows:			
8 OCCUPATION (a) Trade, profession or particular kind of work	Tulmonary whereulosis.			
(b) General nature of industry business, or establishment in	(Duration)			
which employed or (employer) 9 BIRTHPLACE (Ntate or country) Waruland	Contributory			
10 NAME OF FATHER COMPLUS Frazie	(Signed) Sevant State M. D.			
OF FATHER (State or country) Waryland,	*State the l'is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.			
of MOTHER Wary Harver	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-			
13 BIRTHPLACE OF MOTHER (State or Country) Mary and.	At place of deathyrs			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?			
(Informant) W.a. Gardner (Address) State Sanftgrum 19	19 PLACE OF BURIAL OR REMOVAL Baltimore M. Date of Burial Date of Burial			
Filed MY 1924 Registra	20 UNDERTAKER LEAGER ADDRESS ind			
If more banks are needed, address thate Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.				

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired gaged in domestic service for wages, as Servant, Caph. ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever write None. business, that fact may be indicated thus; Farnic or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) who are engaged in the duties of the For persons who have no occupation Grocery; CHOLL

Statement of Cause of Death—Name, first, the Distance Cause of Death (the primary affection with respect to time and causation), using always the same accept, ever (the only definite synonym is "Epidemic cerebros; inal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

permanently filed.

If this certificate is looked over thoroughly and a l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is approved by Committee on Nomenclature of the Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "Enhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Enhaustion," "Heart failure, manufact, "Shock," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menlelanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-(secondary American Medical Association.) "Atrophy," "Collapse, Never report mere symptoms or terminal condiperilonaeum, etc., Carcinoma, Sarcoma, etc., of . (name origin; "Cancer" is less definite; avoid interstitial nephritis, cough; or intercurrent) affection need Chronic " "Coma," "Convulsions, valvular heart discase; etc. The contributory not be

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6 1	DATE OF BIR	TH O	1 1	_	
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	13 BIRTHPL OF MOTH (State or	ER	ryland		A
14	THE ABOVE	S TRUE TO	THE BEST	OF MY KNOW	LEDGE II
	(Informant)	ms.	Ral	fh, 5?	tref
	(Addr	ess)	my	wilk	
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STATE OF MARYLAND CEPTIFICATE OF DEATH

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						145
		Keg	istration	Dist.	No.	170

reyfise	t	Ward)	(If death occurred in a hospital or institu- tion, give its NAME is- stend of street and number.)
MEDICAL C	ERTIFIC	CATE O	F DEATH
16 DATE OF DEATH		h)	(Day) (Year)
			, 192
that I last saw haliv	e on		, 192
and that death occurred or	n the date	stated a	bove, atm,
The CAUSE OF DEATH *	was as foll	ows:	The state of the s
Proleately are	ute a	Mat	ations
or Tobile to	4	as 1	atient
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U	(Duration	n)	_yrs,ds,
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	a(Duratio	m)	yısds.
(Signed)	cob/	late	4. D.
Mass 1019 30(Ad	ldress)	770	y essellem
*State the l'isease Violent Causes, state (Accidental, Suicidal or Ho	Causing 1) Means micidal.	Death, of Inju	or, in deaths from and (2) Whether
18 LINGTH OF RESIDEN		Hospita	ls, Institutions, Trans-
At place of deathyrsmos	ds.	In the State.	yrsds,
Where was disease contracted, it not at place of dea h?			***************************************
Former or usual residence	18.000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
19-PLACE OF BURIAL OR	REMOVA		DATE OF BURIAL

If more b.anks are needed, addre.s State Registrar, 15 W. Saratoga St., Balto., Requesting V. S. No. 1.

NO. 10

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(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more pressure and inchested. Wom-laborer, Farm laborer, Laborer—Coul minc, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ci whatever, write None. gaged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on especially in industrial employments, it is neces-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal menin_itis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage," st.ted unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all "(E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar, or intercurrent) affection need not be st.ted unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, and quality as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the duta is essential and must be obtained before the certificate is permanently filed.

DEC 5 18

PLACE OF DEATH County Frederick	12432 STATE OF MARYLAND CERTIFICATE OF DEATH
4.0	Registration Dist. No. 14
Village or City Negore (No	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Fufaut Fri	tion, give its NAME Instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE. MARRIED WIDOWED OR DIVORSED (Write the word)	16 DATE OF DEATH Oes. 5, 1(30) (Month) (Day) (Year)
6 DATE OF BIRTH Oct. 5, 1930 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE O yrs. O ds. If LESS than I day	and that death occurred on the date stated above, at O m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	- Juli born
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
10 NAME OF FATHER LEWIS Wilbur Fulz	(Signed) [Ourstop) ys mos ds. (Signed) [Ourstop] ys mos M. D. (Signed) [Ourstop] Deller M. D. (Our 5 1930 (Address) Deller M.
OF FATHER (State or country) 12 MAIDEN NAMED 12 MAIDEN NAMED 13 MAIDEN NAMED 14 MAIDEN NAMED 15 MAIDEN NAMED 16 MAIDEN NAMED 17 MAIDEN NAMED 18 MAIDEN	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Care Spole for les 13 BIRTHPLACE OF MOTHER (State or Country) Menglen	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. In the State yrs ds. Where was disease contracted,
(Informant) Lewis W H NOWLEDGE	if not at place of dea.h? Former or usual residence 19 (B) ACE DF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Wyws Filed Olf 6 1930 Registrar	Count Fron County Ch = 7 = 1, 1980 20 UN DERTAKER O. M. Walts . Dentill Mak.
If more blanks are needed, addre.s Ltato Registra	r, 16 W. Saratoga St., Balto., Requesting V/S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (re fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emer," etc., Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and Salesman, -Coal mine, etc. Wom-Locomotive engineer, (b) also (b) the Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telarus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all " Uraemia, tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; "" "Weakness," etc., when a definite disease Chronic valvular heart disease; and consequences (e.g., sepsis, Example: Measles (disease etc. The contributory Measles;

Exact.	PLACE OF DEATH County Filderick		TATE OF MARY
> De	H	(188-0)	Registration Disk No
CORD EXACTI	Village or City Fuscarara (No. 2FULL NAME Carl William		t.: Ward) (If d a hostion, stead numb
r r anec copo corr	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL C	ERTIFICATE OF DEA
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A PERM	Feb. 26, 1884	17 I HEREBY CER 1	
HIS IS A	7 AGE 45 yrs. 4 mos. 9 ds. or min.?		n the date stated above, a
NKT ly suppliain ter	(a) Trade, profession or Sabout (b) General nature of industry	Thing. y	y train
ADING De careful ATH in plantant	business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary	(Duration) yrs
WITH UNF	10 NAME OF FATHER Samuel Fry 11 BIRTHPLACE OF FATHER (State or country)	(Signed) 7. Cly h	dress)
INLY, formati trite CA	12 MAIDEN NAME Margaret 7 14 13 BIRTHPLACE OF MOTHER OF MOTHER	18 LINGTH OF RESIDEN ients or Recent Resident At place	ICE (For Hospitals, Ins
E le louid stofoc	(State or COUNTRY) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?	
WRIT	(Informant) My Chysbeth Fuf (Address) Danie of Rocke My	19 PLACE OF BURIAL OR	REMOVAL DAT
 	Filed July 6 1920 Tyls Registrar	M. R. alchi	control Fre
Z	If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto.,	Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Diss No. /30

(If death occurred in a hospit I or institu-tion, give its NAME i -stead of street and number.) St.: Ward)

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH (Mough) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from
that I last saw halive on, 192
and that death occurred on the date stated above, at 7.055
The CAUSE OF DEATH * was as follows:
Struck by train
01)
Sustan.
(Duration) yrs, mos ds
Contributory Secondary
(Duration) yrs. repsds
(Signed) / Clyb / Crubic M. D
July 6 192) (Address) Bully 6 1-
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
At place In the
of death yrsds. Stateyrsds
Where was disease contracted, if not at place of dea.h?
Fornier or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

Spinner, additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, should be used only when needed. As examples: (a) cases, especially in industrial employments, it is necesthe first line will be sufficient, c. g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken laborer, Physician, borer, Farm laborer, Laborer—Coal mine, etc. Wom-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on man, (b) Automobile factory. The material Compositor, For persons who have no occupation Stationary fromun, etc. But in many Architect, Locomotive engineer, (b)

Statement of Cause of Death—Name, first, the DISEALL GAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoia fever (never report "Typhoia Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia");

10 ds. stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, accident; Revolver wound of head-honricide; Poisoned by causing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); Moustes; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on telunus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonilis," diseases resulting from childbirth or miscarriage as can be ascertained "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (mcrely symptom-(secondary Whooping cough; (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, or intercurrent) affection need not be " "Marasmus, " "Old Age, " "Shock," as the cause. Always quality all Chronic valendar heart disease; etc. The contributory Nomenclature of the etc., of

approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE

N. B.

Filed Oct

15

PLACE OF DEATH,	STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH
41	91-8 Registration Dist. No. 130
Village or City ledan lown (No.	St.: Ward) (If death occurred in a hospitul or institu
2 FULL NAME ISOC Neilson	Just tion, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male notate (Write the word)	16 DATE OF DEATH Oct: 15, 193 C
6 DATE OF BIRTH	(Year)
Oct 14. 1850	Jug 25 192 . to Jet 15, 130
(Month) (Day) (Year)	that I last saw h malive on
7 AGE 80 yrs. 0 mos. de. or min.?	and that death occurred on the date stated above, at 1.30 Am The CAUSE OF DEATH * was as follows:
d OCCUPATION (a) Trade, profession or Labour particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duretion) yrs mos de
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) 178 mos. ds
10 NAME OF Martin L. Fry	(Signed) M. D. M. D.
11 BIRTHPLACE OF FATHER (Stata or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Susan Davis 13 BIRTHPLACE	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transfents or Recent Residents)
OF MOTHER (Nate or Country)	At place in the of deathyrsmosds. Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
(Informant) W.D. Fry	Former or usual residence
(Address) & danstauer. Ma	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL

Registra If more b.anks are needed, addre.s Ltate Negistrar, 16 W. Saratoga St., Balto., Lequesting V. S. Jo. 1.

20 UNDENTAKER

ADDRESS

S No. 1

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealnature of the husiness or industry, and therefore an Physician, Compositor, Architect, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, (b) Automobile factory. The materia For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day Locomolive engineer,

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosinal meninoitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Itelanus) may be stated under the head of "contributory." approved by Committee on Nomenclature of the American Medical Association.) st_ted unless important. unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senilc," etc.), "Drcpsy," ("E.:haustion," "Heart failure," "Ilaemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Examples: Accidental drowning; Struck by railway train Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; nephrilis, etc. The contributory Example: Measles (disease

PHYSI-

PLACE OF DEATH

County Frederick

Village or City Jefferson

2FULL NAME

ma	le	white	MARRIED, WICOWOY WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Wonth)	7 - (Day)
6 [ATE OF BIR	Aug.	25, , 1855 (Day) (Year)	that I last of w hamalive on	uz-
7 A		74 yrs. 11	12 If LESS tha I day hre		
1	articular kin	ofession or Retire	od uborer in foundry	and the same of th	herry
W	hich employ	ed or (employer)	lborer in foundry	Contributory Secondary	yrs
	(State or co	Marylar Marylar	nd	(Duration)	
	10 NAME O	Louis Fulmer		(Signed) W. Hayls Bro Que 7-1930 Address) Les	1 der
STN	OF FATH (State of	ER	Md.	State the Piscase Causing Plat Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	ll, or, in Injury an
PARE	OF MOTH	I.E.D.	th Flook	18 LINGTH OF RESIDENCE (For Hos	pitals, In
	13 BIRTHPI OF MOTE (State or				the Ly
14	(1)	OF MY KNOWLEDGE	Former or usual residence Ilflusion	. hm
		Mr. W. E. Co		19 PLACE OF BURIAL OR REMOVAL Jefferson M. E. Com.	Au
15	Filed & Cla	equet 1980=	ro Mitusle Registra	20 UNDERTAKER M. R. Etchison & Spn	ADDR

Charles Louis Fulmer

PERSONAL AND STATISTICAL PARTICULARS

09233 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

(If death occurred in a hospital or institu-tion, give its NAME 1) -stead of street and number.)

MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH aug -	7-, 1930
	(Day) (Year)
17 I HEREBY CERTIFY, That I at	
July 3 - 1930 to a	us - 7 - , 1923 4
that I last fow has Malive on	Vaug -7, -1930
and that death occurred on the date state	d above fat G140 Ki m.
The CAUSE OF DEATH * was as follows:	
Pulmonay Jul	Street es in
and the state of t	

(Durstion)	was la mas de
Contributory Secondary	
(Signed) W. Hanes Bro	yrs mos ds.
aug 7-1930 Address) Jef	person. Ma
Violent Causes, state (1) Means of I Accidental, Suicidal or Homicidal.	or, in deaths from njury and (2) Whether
18 LENGTH OF RESIDENCE (For Hosp	itals, Institutions, Trans-
ients or Recent Residents)	1 1
	ie Livel mos de
Where was disease contracted, if not at place of dea h?	······································
Former or usual residence Ilflusom	· md
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Jefferson M. H. Cem.	Aug. 9, 1930
2D UNDERTAKER	ADDRESS .
M. R. Etchison & Son	Frederick. Md.

No. 1 2

(Approved by U. S. Census and American Fublic Health Association.)

laborer, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery.

(a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Never return "Laborer," "For man," "Nanager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal menin_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,"

> "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "E:haustion," "Heart f "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, st.ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the (Recommendations on statement of cause of death tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); American Medical Association.) as fracture of skull, Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY (name origin; "Cancer" is less definite; avoid Chronic - valvular heart and consequences (e. g., sepsis " "Old Age, " "Shock," etc. The contributory Measles ;

V. S No. 1

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1)	Y, PHY
	CORD	led. ACE should be stated EXACTLY, PHYSI- is so that it may be properly classified. Exact expectations on back of certificate.
	IS IS A PERMANENT ECORD	ed. ACE should be stated EXAC. is so that it may be properly class effections on back of certificate.
DNI	ANEN	d be st
D FOR BINDING	PERM	t it ma
K	A	that
FC	IS	
0	IS	15

PLACE OF DEATH County Firederick	STATE OF MARYLAND CERTIFICATE OF DEATH
No	Registration Dist. No. 130
Village of City Buckeystown	St.: Ward) (if death occurred in a hospital or institu- tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, Single MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Aug 10, 1980 (Month) (Day) (Year)
(Mooth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1930. to 1930., 1930., that Past saw h 1 37 alive on 1930.
7 AGE If LESS than day hrs. ds. or min.?	and that death occurred on the date stated shove, at 4-30 Pm. The CAUSE OF DEATH * was as follows: Liannia and Suleritic
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Duration) yrs. mos. 6 ds.
9 BIRTHPLACE (State or country) Moarsland	Contributory Secondary (Duration)
10 NAME OF FATHER OW. Seelmer	(Signed) M. D. ADAMSTOWN, MARYLAND, ONVIANYW NAULSWAD
Z (State or country) Maryland	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Mary Shank	10 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Hoaryland	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
(Informant) John Fulmer	Former or usual readence
(Address) P.O Near Buckeystown	19 PLACE OF BORNAL ON REMOVAL
Filed ang 11 1931 T. Chy L. Rogistrai	Thomas T. Roice Frederick
If more banks are needed, address tate negistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal main meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

(secondar, or intercurrent) affection need not be st.ted unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Thooping cough; letanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, (Recommendations on statement of cause of death American Medical Association.) "Atrophy." "Collapse," "Com2," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Dr. Hoke

PLACE OF DEATH County Tudencel	STATE OF MARYLAND CERTIFICATE OF DEATH
	90 Registration Dist. No. 14
Village or City Brunwiel (No. 2FULL NAME Hay B + 14	St.: Ward) (If death occurred in a hospital or institution, give its NAME irstead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the world)	16 DATE OF DEATH Televary 26, 1936. (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	171 I HEREBY CERTIFY, Than attended the deceased from 1930, to 100, 1930, that I last saw h alive on 192,
7 AGE S Mos. G ds. or min.	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs.g. mos. 2ds.
9 BIRTHPLAGE (State or Guyay) whisher Will 10 NAME OF CATHER WILLIAM A LINE	Contributory Secondary (Durelon) J. yrs. mosds. (Signed) M. D.
UN THE STATE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or Country)	TB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Com A Tunk (Address) BALLONS ALL	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAN 19 PLACE OF BURIAN
Filed Febr 18 1980 Least S. Holge	20 UNDERTAKER JOSE & Daily Bundwiss
If more blanks are needed, address State Registrar	, 16 W Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Streement of Cause of Death—Name, first, the pisea. Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebroginal spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid - probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; Chronic valvular heart disease unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Example: Measles (disease etc. The contributory Measles ;

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as νay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enworked on may form part of the second statement. nner, (b) Cotton mill; (a) Salesman, (b) Grocery;
Foreman, (b) Automobile factory. The material For many occupations a single word or term on Compositor, Architect, Locomotive engineer, For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typheid Pneumonia"); Lobar pneumonia, Bronchoppeumonia ("Pneumonia,"

(Recommendations on statement of cause of death st_ted unless important. Example: Measles (disease "E.haustion," "Heart failure, "I shouk," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.haustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse, causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid lelanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway trainperilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need not be ," "Coma," "Convulsions,

V. S. No. 1

/	PLACE OF DEATH,	
	County Frederick	
v	llage or City Thursman (No.	
	mage of City (No.	-
	2 FULL NAME Length Gal	2
	PERSONAL AND STATISTICAL PARTICULARS	
1	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED! MIDOWED! MIDOWED! (Write the word)	1
6 1	DATE OF BIRTH	
	(Month) (Day) (Year)	
71	AGE JIFLESS than	8
	dayhrs.	7
_	yrs. mos. / Z ds. or min.?	
8 (a) Trade, profession or particular kind of work	
	particular kind of work b) General nature of industry	
1	business, or establishment in	
1-4-	which employed or (employer)	
93	(State or country) Mary Land	
	10 NAME OF Godleit Sidmund	(
(O	11 BIRTHPLACE	
RENTS	OF FATHER (State or country)	
RE	12 MAIDEN NAME 7	
PA	OF MOTHER Mary & turk	1
	13 BIRTHPLACE OF MOTHER	1
	(State or Country) Maryland	1
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	1
	(Informant) Mis Engris a Martin	1
	(Address) Murunt of hard	/
15	Filed Nov. 2 180 ama M. Jones	7

12871

STATE OF MARYLAND CERTIFICATE OF DEATH

75-00

Registration Dist. No. 144

St.: Ward) a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH 1930 (Year) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from 1930. to Oct 3 , 1930. that I last saw here alive on Oct 30, 1920.
and that death occurred on the date stated above, at S. Q. m. The CAUSE OF DEATH * was as follows:
Exhaustion - following hemiplegia
(Duration) yts. 21 mos de.
Contributory Secondary (Duration) (Signed) M. D.
*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted, if not at place of death?
Former or usual residence
20 UNDERTAKER ADDRESS

If more bianks are needed, addre. State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., William laborer, Laborertired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housenwid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesmon. (b) Grocery; (a) Foremon, (b) Automobile factory. The material should be used only when needed. As examples: (o) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-For many occupations a single word or term on without more precise specification as Day -Coal mine, etc. Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) (Recommendations on statement of cause of death approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS state MEANS OF INJULY diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Corcinoma, Sarcoma, etc., ol as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary Whooping cough; Chronic unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway troin-"Uraemia," "Weakness," etc., when a definite disease Never report mere symptoms or terminal condior intercurrent) affection need not be etc. The contributory valvular heart disease; Measles ;

3 No. 1

Village or eny Fredericks (No. Frederic	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. /3/= Le City Houstal Ward) a hospital or institute
2 FULL NAME Harold Hanne	tion, give its NAME is stend of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white. Single, Married, Widowed. OR DIVORCED (Write the word)	16 DATE OF DEATH 27. 31 , 1980 (Month) (Day) (Year)
8 DATE OF BIRTH Nov 30 , 1914	17 I HEREBY CERTIFY, That Vattended the deceased from an. 24 1920 to an. 31 1930
(Month) (Day) (Year) 7 AGE fLESS than	LL A
15 yrs. 2 mos. de. or min.?	The CAUSE OF DEATH * was as follows: Chooling Wound: Desidents.
8 OCCUPATION (a) I rade, profession or Aharl Bay	Perforation stomach + colon.
(b) General nature of industry business, or establishment in	
Owhich employed or (employer)	(Duration) vrs. x mos de
9 BIRTHPLACE (State or country)	Contributory Secondary Durstion X yrs 1 x mos 3
10 NAME OF FATHER Robert R Gange	(Signed) No M. Frnick J. I.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Jam Wagyne	13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) W	At place of deathyrsmosds, In the ? Stateyrsmosdr
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of deah?
(Informant) A R Daniel	usual residence
(Address) Bransenip M	PLACE OF BURIAL OR REMOVAL PATE OF BURIAL B. 193.
Filed 31- annuy 1920 Doc McChurchy	20 UNDERTAKER JOHN Brunswick Med
If more b.anks are needed, addre. s : tate negistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., without more precise spermanner. "I laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) the first line will be sufficient, e g. Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to e.ch and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc.
Statement of Cause of Death-Name, first, the DISstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many definite salary), may be entered as Housewife, Housebusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). For persons who have no occupation (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> st.ted unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar) or intercurrent) affection need not be st.ted unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-

BINDING

FOR

MARGIN

WITH UNFADING INK--THIS RESERVED

properly classified of certificate. EXACTLY stated 04 pe may be should on that it See instructions supplied terms In plain carefully important. be car Should I very CAUS ATION of information Every item of inform CIANS should state statement of OCCUP. WRITE

PLACE OF DEATH ²FULL NAME PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 3 SEX 4 COLON OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) 7 AGE

mos

IIf LESS tha I day hr

(Year)

8 OCCUPATION (a) Trade, profession or particular kind of work

(b) General nature of industry business, or establishment in which employed or (employer)

State or country) 10 NAME OF FATHER

11 BIRTHPLACE PARENTS OF FATHER (State or country) 12 MAIDEN NAME

OF MOTHER 13 BIRTHPLACE

OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST

(Informant) (Address

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in

/	varu) a hospital or institution, give its NAME it stead of street an number.)
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH AND 27, 1980
	(Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended the deceased from
	that I last saw halive on, 192
n	and that death occurred on the date stated above, atm
8.	and that death occurred on the date stated above, atm The CAUSE OF DEATH * was as follows: Full term
5	
	- chiloon chila - pone
	Stillborn Child- form at 1.30 Am, Opi 27, 1930.
	(Duration) O yre O mos O de
	Contributory Secondary
***	(Duration) Tre, mos. ds
	(Signed), Emul P, Brop M. D. W. D. J. 19230 (Address) New Market, M. A.
	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

ients or Recent Residents)	
At place of deathyramosds.	In the Stateyrsmosde
Where was disease contracted, if not at place of death?	**************************************

Former or

usual residence

ADDRESS

DATE OF BURIAL

If more blanks are needed, addre-s State Registrar, 16 W. Saratoga St., Bulto., Requesting V. S. Ac. 1.

83

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary froman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (redefinite salary, may be entered as Housewife, Houselaborer, Form laborer, Laborer—Coal mine, etc. wom-en at home, who are engaged in the duties of the household only not paid Housekeepers who receive a er," etc., should be used only when needed. As examples: (a) nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Scruant, Cook, ployed, as At school, or At home. Care should be taken work, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neceswhatever, write None. to report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Form laborer, (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons Laborer-Coal mine, etc. Womwho have no occupation 6 Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneunonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaomia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Whooping inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvulor heart discase, etc. The contributory Always qualify all

	The said the branch	active month (1991)		
	PLACE OF DEATH .	(202) S	TATE OF M	ARYLAND
Co	unty o'rederect	CE	RTIFICATE	OF DEATH
	***************************************			171
	C, 1.	, , , , ,	Registration Di	st. No. / 3
illag	e or City I'redereck (No.	ily Hospitals	A. WZ 1)	(16 4
		- January Comment		(If death occurred in a hospital or institu
	25111 Start David Hall	, - V		tion, give its NAME in stead of street an
	TOLINE TO THE TOTAL OF THE TOTA	~	***************************************	number.)
	PERSONAL AND STATISTICAL PARTICULARS	1		
SEX		MEDICAL C	ERTIFICATE OF	DEATH
SEX	MARRIED, Olas Ales	16 DATE OF DEATH	114	
h	WIDOWED, OR DIVORCED		super 22	
111	all of Mule (Write the word)			(Day) (Year)
DAT	E OF BIRTH			ded the deceased from
	may 24 001	Neps. 20 1	920 . to Afr	22 ,1930
	(Nonyh) (Day) (Year)	that last saw h hm alive	selle	22, 1930
AGE	(1681)		. //	
AGE	ir LESS than			pove, at 11:05-Pm
	39 1 28 day hrs.	The CAUSE OF DEATH * v	vas as follows:	
	mos. ds. or min.?	9. 1		
(a)]	Irade, profession or P	Labor To	neumone	9)
parti	cular kind of work Jeleviller			
(b) C	General nature of industry		***************************************	
busin	ness, or establishment in h employed or (employer)		(Duration) X	yra, X mas 3 de
		V	aussion o	2/ .1/
	SHPLACE (state or country)	Secondary		
	tate or country) Maryland	Cause lenknow	M (Durstida) ×	yrs. A mos 3. de
	NAME OF FATHER OF 19 BELL	(Signed)	n Anz	ich
-	water surver	100	61.	M. D
32	BIRTHPLACE OF FATHER	Nept 22 1900 (Add	dress) J'Ma	wick ma
2 .	(State or country) Maryland	Violent Caus s, state (1	Causing Death, o	r, In deaths from
12	MAIDEN NAME 1	Accidental, Suicidal or Hon) Means of Injur	y and (2) whether
_	OF MOTHER Jarah to Small.	18 LENGTH OF RESIDEN	CE (For Hospital	Institutions Trans
12	BIRTHPLACE	ients or Recent Residents	3)	. 1
	OF MOTHER	At place	In the	1:00
1	(State or country) Malykund.	of death yrsmos.	.ds. State	ying light de
THE	ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?	A	0
	011.16.1	Former or	k Ois	110
(lr	Normant) Watel Gaster.	usual residence	1	y, our
	1. m.f. 2.0	19 PLACE OF BURIALOR R	Exolat	PATE OF BURIAL
	(Address) /M. auy, Ma,	Sinsanore lo	ente //	1st 2/2013
5	22 B. 12 D 2/10000	20 UNDERTAKER	, Ce	DRESS
File	2 3- dept. 1920. de. de tra . M. Cus	11. An M.	11/1/	2 217.

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

10000

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process. Coul mine, etc. Wom-tahorer, Farm laborer, Laborer—Coul mine, etc. Wom-en at home, who are engaged in the duties of the additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health. Statement of Occupation - Precise statement of ocshould be used only when needed. As examples: (a) Civil engineer, Stationary fireman, etc. But in many definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Househuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report ployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Physician, Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. specifically the occupations of persons en-Compositor, For persons who have no occupation (b) Automobile factory. The material Architect, Locomolive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pressnovia, Bronchopneumonia ("Pneumonia");

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stated unless important. Example: Meusles (disease use of "Tumor" inges, peritonaeum, etc., Carcinoma, Sarcona,, etc., of (name origin; "Cancer" is less definite; avoid taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritoritis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (c. g., sepsis, telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, Examples: Aecidental drowning; Struck by railway troin American Medical Association. Never report mere symptoms or terminal condicough; for malignant neoplasins; Mensles; Chronic "," "Coma," "Convulsions, valvular heart disease; etc. The contributory

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesgaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, House-Spinner, nature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freemon, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman. For persons who have no occupation (b) Automobile factory. The material (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphal fever (the only definite synonym is "Epidemic cerebrosphal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia," John pneumonia, Bronchopneumonia ("Pneumonia,");

stated unless important. Example: Measles (disease "Exhaustion," "Heart failure, "Shock," "Shock," "Old Age," "Shock," telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-honnieide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL peritonibis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemonthage," causing death), 29 ds.; Bronchopneumonia (secondary). use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) perilonacum, etc., Carcinomu, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and al quistions abswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH
	Registration Dist. No. /3/
Village or City Frederick (No. Frederick 2FULL NAME Enma Rosal	City Harpitast: Ward) (If death occurred in a hospital or institution, give Its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, Lingle WIDOWED OR DIVORGED (Write the word)	16 DATE OF DEATH Lipsil 8 , 1930
DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 , to 192 , that I last saw h alive on 192 , 192 ,
7 AGE 7 8 yrs. 3 mos. 2 ds. or min.?	and that death occurred on the date stated above, at 5.45A_m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or School Leveller	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos da.
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Durstion) yrs
10 NAME OF Barton Garrott	(Signed) M. D.
OF FATHER (State or country) Maryland	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Mary Surges	10 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country) Maryland	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
(Informant) Me Jama V. Rapkington (Address) Libertylaun, Me.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed/0 - april 1928 frag lucludy = Registras	20 UNDERTAKER M. R. Thiran Hon. Frederick med
If more banks are needed, addres tate kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

laborer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective ci tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Jiphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of "E:haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E.haustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), (secondar) or intercurrent) affection need not be st.ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi Chronic interstitial nephritis, Whooping cough; or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HONICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage as Chronic valvular heart discose; nephritis, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

ESERVE

MARGIN

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Former tree state occupation at beginning of illness. If retired from definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully enner," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthgaged in domestic service for wages, as Servant, Cook cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtion applies to each and every person, irrespective of Physician, Compositor, Architect, Locomolive engineer, mer, (b) Cotton mill; (a) Salesman. (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diselse. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia");

American Medical Association.) telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease approved by Committee on Nomenclature carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death (secondary (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, peritonacum, etc., Never report mere symptoms or terminal condiinterstitial nephritis, or intercurrent) affection need not be " "Marasmus," "Old Age, " "Shock," Chronic valvular heart disease; Carcinomu, Sarcoma, etc., of etc. The contributory

answered in detail, it will provent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V S No. 1

PLACE OF DEATH County Freederich Within the Color	14978	STATE OF M	
	THE PARTIES	Registration D	Dist. No. 2/:
The state of the s	Fourth Hey	St: K Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE O	F DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, Single MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH	a)ec	2 / , 19 3 0
6 DATE OF BIRTH Occ 14, 1930 (Month) (Day) (Year)	that. I last saw h	CERTIEY, That I atte	nded the deceased fram
7 AGE O yrs. O mos. 7 ds. or min.?		red on the date stated	above, at 9 50 m.
(a) Trade, profession or particular kind of work (b) General nature of industry	V/am	acces	
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Maryland	Contributory	(Duration)	
of Father William Gastley of Father OF Father	(Signed)	(Address) The	duck M.D.
Z (State or country) employerance		iscase Causing Death, ats (1) Means of Inj or Homicidal.	
OF MOTHER Moary & Nelson 13 BIRTHPLACE OF MOTHER (State or Country) Moaryland	At place of deathyrs	In the State	als, Institutions, Trns
(Informant Frank Gastley	if not at place of dea Former or usual residence		
(Aridress)215 E. Third St	Sonowille.		DATE OF BURIAL
15 Filed 22 - See 1930 Dra Welling	20 UNDERTAKER	Poice	Frederick.
If more b.anks are needed, addre.s tate lististra	r, 16 W. Saratoga St.,	Balto., Requesting V. S	, 1.0. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits ean be known. The quescupation is very important, so that the relative healthployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., Spinner, (b) Colton mill; (a) Sulesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective ci Statement of Oceupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, House-Never return "Laborer," "For man," "Manager," "Dcalworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, (b) Grocery;

s. inal meningitis"); Diphlheria (avoid use of "Croup"); ed term for the same dise.se. Examples: Cerebrospinal to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); EASE CAUSING DEATH (the primary affection with respect (the only definite synonym is "Epidemic cerebropneumonia, Broncho:pneumonia ("Pneumonia,

> "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E.:haustion," "Heart failure," "IIaemorrhage," causing death), 29 ds.; Bronchopneumonia (seeondary), (secondar/ or intercurrent) affection need not be streed unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Caneer" is less definite; avoid "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the eause. tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death Islanus) may be stated under the head of "eontributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State eause for which surgical operation was under-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart disease; nephritis, etc. The contributory Always qualify all

permanently fied. ans refed in detail, it will prevent further correspondence. All the odd the essential and must be obtained before the certificate is It this certificate is looked over thoroughly and all quistions

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NKTHIS IS A PERMANENT CORD	ORD C
y supplied. ACE should be stated EXACTLY, PHYSI- aln terms so that it may be properly classified. Exact See instructions on back of certificate.	ACTLY, PHYSI- lassified. Exact

		a to the little and
	PLACE OF DEATH . O	STATE OF MARY
	County Ctrederick	CERTIFICATE OF
	It + 1	Registration Dist. No
	Village or City Lale Lan (No. 10 Will	St.: Ward) a hos
	2FULL NAME ENTA E. Yell	tion, g stead numb
/		0077007070
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA
	female white (Write the word)	16 DATE OF DEATH May 8 (Month) (Day)
	6 DATE OF BIRTH	170 I HEREBY CERTIFY, That I attended the
	Jan. 24, 1889	June 23 192 8 to May
	(Month) (Day) (Year)	that I last saw h Calive on Word
	7 AGE	and that death occurred on the date stated above, a The CAUSE OF DEATH * was as follows:
	yrsds. ormin.?	DO O
-	(a) Trade, profession or	/ ulmonary sel
1	particular kind of work	<u> </u>
	business, or establishment in which employed or (employer)	(Duration)yrs
	9 BIRTHPLACE	Contributory
	(State or country) Bala. Md.	(Dufation) Of yre
	FATHER GOT C SUSSA	(Signed) Lewar & Maj
	II BIRTHPLACE	May 8 198 3 (Address) & Lale San
	OF FATHER (State or country) Balto. md.	State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal.
	V OF MOTHER 7 2 C /N CLAN & N	10 LINGTH OF RESIDENCE (For Hospitals, Ins
	13 BIRTHPLACE	At place
	(State or Country) Balto - Md.	of death
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
	(Informant) W.a. Gardner	usual res.dence] Z J W W W W W
	(Address) State Sangtham md.	Baltmore nd in
-	Filed 1920 Registra	M. L. Clagh Thu
	If more b.anks are needed, addre.s Ltate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

05555

CERTIFICATE OF DEATH
Registration Dist. No.
St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH (Month) (Day) (Year) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from
that I last saw h Prairie on May 8, 192 3,0
The CAUSE OF DEATH * was as follows:
Tulmonary wher autosi
0
(Duration)ytsds.
Contributory
(Signed) Lewar State Sanatominad
State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Mcana of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
At place of death
Where was disease contracted, who at place of deah?
Former or usual residence 4213 Kensington (ive. Ball) by
Baltingely Date of Burial or REMOVAL DATE OF BURIAL MANNOUN, 19
1) 1 to the moun

No. 1 1/2

N. SI

(Approved by U. S. Census end American Fublic Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an Civil engineer, Stationary firemon, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

st_ted unless important. Example: Measles (disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as 'Puerperal septicaemia," "Puerperal pertlonitis," etc. can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Drepsy, "E:haustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping approved by Committee as fracture of skull, and consequences (e. g., sepsia, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-FOR VIOLENT DEATHS state MEANS OF INJU.: Y cough; Chronic S. Co etc. The contributory affection need valvular Nomenclature of the Always qualify all heart not be

American Medical Association

If this certificate is looked over thosughly and all questions answered in detail of with bevent further expressionatenes. All the data is essential and must be obtained before the certificate is permanently filed.

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	1PLAC	CE OF DE	ATH		N	'Ithl	n the C
(County F	rederick	h =	200 CÉS GE 400 CETT			
Vill	age or C	Frede	rick	(No.	#3	E.	Third
	2]	FULL NAMI	William	Henry	Geis	be	rt.
	PERS	ONAL AND	STATISTI			LAF	85
	ale	whit	R OR RACE	MARRIE WIDOWI OR DIVO (Write th	D, ED. DRCED		rried
6 D	ATE OF	BIRTH	Nov. 1	6, 1			863
			(Month)	(D			(Year)
7 A	GE	66 ,	rs. 11 ,	mos. 9	ds.	1 de	ESS than yhrs. min.?
W	hich emp	C E country)	Marylan				• • • • • • • • • • • • • • • • • • • •
	10 NAMI	1-40 Y20 S	lton Gei	sbert.			
STN	(Stat	THER e or country)	Md.				
PARE	12 MAIL	EN NAME	Martha R	emsbur	5.		
	OF Me	HPLACE OTHER e or Country)	Ma.				
14	THE ABO		TO THE BEST				Ε
	(Inform	ant)	Irene V		bert,		
0 79	BANK BERNANDE	and the state of t	rederick				
15	Fil 27-	sept.	1920 0	. Dra	- Ju	Reg	usla.

STATE	OF M	IARY	LAND	
CERTIFI	CATE	OF	DEAT	H

Registration Dist. No.

.....Ward)

Frederick, Md.

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH	Sept.	25th.	, 19 30
71.001*00*00****************************	(Month)	(Day)(Year)
aug. 15	192 30 to 4	rest:	the deceased from
that I last saw h aliv	on Se	21. 2	5 , 1927
and that death occurred o	n the date.s	tated above,	atn
Chetrane	diste	- Can	
	(Durstion)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	mos 3
Contributory Can	e cir	7 puels	6 + mosd
(Signed) 52	- 12		
Sept. 26.1930 (A	dress) Fre	derick,	Md.
*State the l'israse Violent Causes, state (Accidental, Suicidal or Ho	Causing II (1) Mesns of micidal.	eath, or, i	n deaths from nd (2) Whether
ients or Recent Residen	NCE (For I	lospitals, Ir	stitutions, Tran
At place of deathmos	ds.	In the Statey	rsmosd
Where was disease contracted it not at place of dea h?	9		::::::::::::::::::::::::::::::::::::::
Former or usual residence			
19 PLACE OF BURIAL OR	REMOVAL	DA	TE OF BURIAL
Mt. Clivet Com.,	Fred.	Sep	t. 28, 19.3
		ADD	PESS

If more banks are needed, address state Registrar, 16 W. Saratoga St., Balto., Lequesting V. S. Ivo. 1.

R. Etchison & Son,

(49

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Fublic Health Association.)

laborer, fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salcsman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to knew (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken Foreman, (b) · Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (6) Grocery,

s, inal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same dise.se. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia ("Pneumonia

> approved by American Medical Association.) (secondary or intercurrent) affection need not be st_ted unless important. Example: Measles (disease "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.:haustion," "Heart failure," "Haemorrhage," use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephrilis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Whooping (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Committee on Nomenclature of the Chronic valvular heart disease; Always qualify all

gnswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all questions

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PLACE OF DEATH County Huderick	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / 2 6
Village or City Wessel (No	St: Ward) (If death occurred in a hospital or institution, give its NAME is stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Oxf 213, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 HEREBY CERTIFY, That I attended the deceased from 193 O. to
7 AGE Stillborn If LESS than I day hrs. or min.?	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Stillbass
which employed or (employer) 9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Dyration) yrs
10 NAME OF FATHER Alley Engeneyeishert	(Signed) Assured E. Hope M. D. Del 22 1930 (Address) Adams trus fly
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or Country) Manyland	ients or Recent Residents) At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h? Former or usual residence
(Informant) Olles Jewas (Address) Jewas Vell	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OLY 22 1930
	20 UNDERTAKER ADDRESS

If more b.anks are needed, addre.s : tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. I.o. 1.

Registrai

(Approved by U. S. Census and American Fublic Health Association.)

the first line will be sufficient, e.g., Farmer or Planter, tion applies to e ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. household only (not paid Housekeepers who receive a definite salary), may be entered as Ilousewije, Ilousework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salcsman, (b) nature of the business or industry, and therefore an Physician, laborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed whatever, write None. Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day Compositor, Architect, Locomolive engineer, For persons who have no occupation But in many Grocery;

Stretement of Cause of Death—Name, first, the DISTERSE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinul meningitis"); Diphtheria (avoid use of "Croup"); s. inal meningitis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid st_ted unless important. Example: Measles (disease Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (seeondary or intercurrent) affection need Chronic interstitial nephritis, diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shoek," "Uraemia," "Weakness," etc., when a definite disease answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. or as probably such, if impossible to determine definitely taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tetants) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, approved as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) (Recommendations on statement of cause of death It this certificate is looked over thoroughly and all questions "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the Chronic ete. The contributory valvular heart

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1	Si	PLACE OF DEATH	STATE OF MARYLAND
	YX.	County Aredories	CERTIFICATE OF DEATH
	D		Registration Dist. No. 144
	I E	Will and Samotanon	/16 death
COBL	EXACT	2FULL NAME & Light J	St.: Ward) a hospital or institution, give its NAME in stead of street and number.)
The Park	atec	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NG	e st o pr	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED OR DIVORCED	16 DATE OF DEATH (149 16 1) 1930
D ×	uid bay ba	(Write the word) Simply	(Month) (Day) (Year)
BIN		6 DATE OF BIRTH	192 . to
M d	in sat	(Month) (Day) (Year)	that I last saw halive on, 192,
0 0	A		and that death occurred on the date stated above, atm.
S. S.	s s.	I dayhrs.	
	In mul	yrsmosds. ormin.?	7711 1.4501
S J	sup te	(a) Trade, profession or particular kind of work	Dell AND UT
SE	iai.	(b) General nature of industry	
RE	efu In p	business, or establishment in which employed or (employer)	(Duration)yrs,ds,
Z	TH	9 BIRTHPLACE	Contributory
ARGIN	be im	(State or country) Maryland	(Duration)yismosds.
MAH	OF D	FATHER Charles U.S. Filters	(Signed) (Signed) M. D.
H	SEN	OF FATHER	Address)
3	620	Z (State or country) // Wykand	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
1	mati e CA	of MOTHER May Elkaufman	18.LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
Z	Inform state occuz,	13 BIRTHPLACE OF MOTHER	At place In the of death yrs. mos. ds. State yrs. mos. ds.
	+ 20	(State or Country) // Wyland	Where was disease contracted, if not at place of dea.h?
п	30	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
WRITE	Every Item CIANS sho statement	(Informant) Charles W. J. Gilbert	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
≥	ANS	(Address) levistown Md	January aug 17. 1934
	Ev.	15 / 12 24 / 24/	20 UNDERTAKER ADDRESS
ž.	œ l	Filed Mag / 1930 Marsa M. Pristra	M. y Consolton Thursen

If more blanks are needed, addre.s Late Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specification in laborer, Farm laborer, Laborer—Coal ming, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Houscuife, Househousehold only (not paid Housekcepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Civil engineer, to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery: man, (b) Automobile factory. The material mipositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, stited unless important. Example: Measles (disease approved by Committee on (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL scplicaemia," "PUERPERAL peritonitis, "Inanition, causing death), 29 ds.; Bronchopmcumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, and quality as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping cough; Chronic valvular heart disease; unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condiinterstitial nephritis, " "Marasmus," "Old Age," "Shock," or intercurrent) affection need not be etc. Nomenclature of the The contributory

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	PERMANENT CORD	should be stated EXACTLY, PHYSI-
BINDING	PERMANEN	should be st
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\$50 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in St.: Ward) on back of certificate. a hospital or institution, give its NAME is stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED OR DIVORCED (Write the word) (Month) (Day) (Year) 6 DATE OF BIRTH attended the deceased from structions (Month) (Day) (Year 7 AGE IIf LESS than and that death occurred on the date stated above, at I day hrs. was as follows ds. or min.? = B OCCUPATION See (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in importa which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 0 (Address) 11 BIRTHPLACE ENTS OF FATHER *State the Disease Causing Death, or, in deaths from Volont Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME 00 OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 0 ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER State of death (State or Country) Where was disease contracted, Every Item of CIANS should statement of if not at place of death? Former or usual residence.... 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIA (Address) 20 UNDER If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid stited unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopneumonia (secondary), Whooping unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; or intercurrent) Committee on Nomenclature Chronic Example: Measles (disease etc. The contributory affection need not be valvular heart Measles ; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. 5. No. 1		MARGIN R
(WKIIE	WRITE AINLY, WITH UNFADING
N. BEV	ery item of	N. B Every item of information should be care
)	ANS should	state CAUSE OF DEATH in

PLACE OF DEATH County Arederich	04287 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City new Hundson, No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from 1920, to a from 9, 1920, that I last saw h lumalive on a from 8, 1920,
7 AGE 32 yrs. 5 mos. / 7 ds. or min.?	
8 OCCUPATION (a) Trade, profession or briffle at Home (b) General nature of industry	Physicantis Chronic
business, or establishment in which employed or (employer)	Contributory Cleate neghrilis
9 BIRTHPLACE (State or country) Urguing	Secondary (Duration) yrsyrsds.
10 NAME OF FATHER Que Sullasfie	(Stephed) (Address) New Words w Mo
OF FATHER (State or country) Orguna	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER HARY & Bailey 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or country) Vargenia	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence
(Address) how Windsar md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PROPERTY OF THE P
15 Filed apr. 10 130 MA. Curefue ay Registrar	L. H. Weimer, new Hindson
If more blanks are needed, address State Registran	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

02932 STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County Frederice Registration Dist. No. 147 (If death occurred in a hospital or institu-tion, give its NAME ir-Ward) stend of street and L Ellen Gillie number.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX MARRIED. WIDOWED. BINDING OR DIVORCED (Write the word) (Year (Day) (Month) If LESS than 7 AGE I day hrs. (a) I rade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory Secondary O BIRTHPLACE ARGIN (State or country) 10 NAME OF *State the Discase Causing Death, or, in deaths from Violent Caus. s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. II BIRTHPLAGE OF FATHER (State or country) 18 LENGTH OF RESIDENCE (For liespitals, Institutions, Trans-12 MAIDEN NAME ients or Recent Residents) In the 13 BIRTHPLACE of death yra mos de. OF MOTHER Where was disease contracted, (State or country if not at place of death? ... OF MY KNOWLEDGE usual residence. PLACE OF BURIAL OR REMOVAL CO. 20 UNDERTAKER If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. I.

(Approved by U. S. Census and American Public Health Association.)

er," etc., William Laborer, Laborer-Spinner, (b) Cotton mill; (a) Solesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescapation is very important, so that the relative health whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Statement of Occupation-Precise statement of ocen at home, report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Doy Compositor, Architect, wio are engaged in the duties of the For persons who have no occupation Stationory freman, etc. But in many (b) Automobile factory. The material Coul mine, etc. Locomotive engineer, (b) Grocery; Wom-

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. E.:amples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningicis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia Bronchopneumonia ("Pneumonia");

the iron

inges, peritonacum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid "(Exhaustion," "Heart lander," "Old Age," "Shock," "
"(Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senfle," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); telanus) may be stated under the head of "contributory" State cause for which surgical operation was under-"PULRPERAL septicaemia," "TUERFERAL peritonitis, "Inanition," "Marasmus, On 155,
"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The niture of the injury, and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, diseases Chronic interstitial nephritis, etc. The contributory Whooping approved by Committee on (Recommendations on statement of cause of death as fracture of skull, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roilway trainor as probably such, if impossible to determine definitely. can be ascertained as the cause. American Medical Association.) "Atrophy." "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY resulting from childbirth or miscarriage cough; Chronic and eonsequences (e. g., sepsis, ,", "Coma, " "Convulsions, affection need not be valiridar Nomenclature Always qualify all heart Measles ; disease;

If this certificate is loked over thoroughly and a l qu tions answered in detail, it will prevent further correspondence. . the data is essential and must be obtained before the cartificate is permanently filed.

PLACE OF DEATH County Frederick Within the	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. /3/
Village or City the detak (No. SW. 2FULL NAME Constanting	St.: Ward) (if death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married Wildows D. Mwried (Write the word)	(16 DATE OF DEATH 2 , 1950 (Month) (Day) (Year)
6 DATE OF BIRTH **Control (Day) (Yesr)**	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 192 192 192 192 192 192 192 192 192
7 AGE If LESS than I day hrs. ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	houseed (Duretion) yre mos de
BIRTHPLACE (State or country) Succession 10 NAME OF	Contributory Secondary (Duration) yrs mos ds
FATHER UKWOWN 11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Csusing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State of Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
(Informant) James Course	Where was disease contracted, if not at place of death? Former or usual residence
15 Filed 22 - Stor 1980 Jan Courd -	mt. Clinet Com. Fred Man 22 1930 20 UNDERTAKER ADDRESS
If more bianks are moded, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

12728

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH to, report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the business, that fact may be indicated thus; Farmer (re-Housemaid, etc.. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Coal mine, etc. Wom-(6)

Statement of Cause of Death—Name, first, the Drage Asse Causing Death (the primary affection with respect to time and causation), using always the same adepted ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitual nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need not be Example: Measles (disease

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PLACE OF DEATH	STATE OF MARYLAND
County Frederick	G G430 CERTIFICATE OF DEATH
West to the first	THE EXPEDITION IS A PARTY OF THE PARTY OF TH
mithin the C	Registration Dist. No. 3
Village or City Frederick (No. 10/3. No.	Moarket St.: 3 Ward) (If death occurred in a hospital or institution, give its NAME is
2FULL NAME Anna Me. G	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Gernale White (Write the word)	16 DATE OF DEATH 4, 1980
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Sep 27, 1840	1929 to dale , 100
(Mg/hth) (Day) (Year)	that I last saw har alive on Dag 15 1929,
7 AGE If LESS than I day hrs	m,
89 yrs. 3 mos. 7 ds. or min.	Was as tellows:
8 OCCUPATION	A. A
(a) Trade, profession or particular kind of work	***************************************
(b) General nature of industry	***************************************
business, or establishment in which employed or (employer)	(Duration) Uyrs
9 BIRTHPLACE (State or country)	Contributory Separation + Coma
Maryland	(Duration)
10 NAME OF FATHER	(Signed) Chas. F. Gordle M. D.
11 BIRTHPLACE	1/6 100 (Address) 122 Court ft Free
OF FATHER (State or country) Maary Land 12 Malden Name	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
	Accidental, Suicidal or Homicidal.
a Oevecca Dimmons	18 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place in the P D
(State or Country) Maryland	of death vis. ds. State ds. ds.
14 THE ABOVE & TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
(Informant) Geo. Mo. Gittinger	Former or usual residence 10 3 & Mankel &
(Address) 8. 6. Second 87.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	Mot Olevet Loem Jan 6, 1930
Filed 6 - Jamesy 1980 dra Custingly =	POP. CO
Registra	Inomas J. Joece Frederick
If more banks are needed, addre.s : tate hegistras	, 16 W. Saratoga St., Balto., Lequesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more record mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons enen at home, who are engaged in the duties of the Never return" Laborer,"" For man,"" Manager," "Dealworked on may form part of the second statement. business, that fact may be indicated thus; Farmer (re-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diserse. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); synholid fever (never report "Typhcid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E haustion," "Heart failure," "Haemorrhage, st ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "E haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by and qualify as accidental, suicidal or Homicidal, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, State cause for which surgical operation was under-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU. Chronic valvular heart disease; etc. The contributory Nomenclature

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Dr. Goodell

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH
211 4- 11	Registration Dist. No. /3/=
Village or City World Trace / Vas	St: Ward) (If death occurred in a hospital or institu-
2FULL NAME & harles les	ley stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
sex 4 color or race 5 single, Married, Wildowed. Male white OR DIVORCED (Write the word)	Jebrusary (Month) 2 (Day) 1930 (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw handlive on 7th 1, 1923
7 AGE [IPLESS than	
8 Byrs B mos. 2 & ds. or min.	
8 OCCUPATION (a) Trade, profession or None.	Muna
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yes mos de.
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Duration) (Duration) (Duration)
10 NAME OF John Cutturer	(Signed) Bothomas M. D.
of FATHER (State or country) Marisland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
of MOTHER Pelecca Sommon	Accidental, Suicidal or Homicidal. 18 LUNGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Maryland	At place / 2 yrs. 1 mos 2 0 ds. In the (3) yrs mos _ ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
(Informant) James a Jones Suppl	Former or usual residence Manyland & West Virginia
(Address) Fuederick Mal	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL W. + Of the form Feb 4, 1980
	20 UNDERTAKER ADDRESS
15 Filed Y-Felly 1930 Joa Justinely Registral	Thomas J. Rice Frederick.
If more blanks are needed, addre.s itate Negitra	r, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

laborer, Spinner, (b) Colton mill; (a) Salesman, (b) state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coul minc, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Flander, Physician, Compositor, Architect, Locomotive engineer, tion applies to c.ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Stationary fireman, etc. But in many Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar preumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature **Dietanus) may be stated under the head of "contributory." American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E.haustion," "Heart failure," "Hemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," st.ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death carbolic acid - probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease Whooping cough; "Atrophy." "Collapse," "Com2," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease;

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Ros B. O. Thomas

V. S. No. 1

PLACE OF DEATH COUNTY Treduct COUNTY	02933 STATE OF MARYLAND CERTIFICATE OF DEATH
County Texas	Registration Dist. No. 131
Village or City tredirect Md (No. City	Ward) (If death occurred in a hospital or institution, give its NAME instead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL, CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIES, That I attended the deceased from 1920 to 1920, 1920, 1920, 1920, 1920, 1920, 1928
7 AGE 3 4 yrs. / 0 mos. 22 ds. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH was as follows:
(a) Trade, profession or particular kind of work Pacitics (b) General nature of industry business, or establishment in which employed or (employer)	Sharp Guration yrs
9 BIRTHPLACE (State or country) Trederick Md 10 NAME OF FATHER & A. Gittinger	Secondari Myra. 30 de. (Signed) M. D.
11 BIRTHPLACE WILL WILL STATE (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 12 MACHINE STATE OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Cancerter Pa	ients or Recent Residents) At place of death yrs mos ds. Where was disease contracted,
(Informant) The Harry Daniels	if not at place of dea.h? Former or usual residence. Fredericks manyland 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) tredings Ald. 15 Filed S. Wilh 1970 J. F. Einer Registration	Mt. Olivet Cemetry Meh 9th, 19 30 20 UN DERTAKER LE. Olive Tredwick Med
If more banks are needed, addre s Ltate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quesor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken definite salary, may be entered as Hausewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Physician, Compositor, Architect, Locomotive engineer, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). (b) Collon mill; (a) Salesman. without more precise specification as Doy For persons (b) Automobile factory. The material who have no occupation (6) Grocery,

Statement of Cause of Death—Name, first, the Disease Cause of Death—Name, first, the Disease Cause of Death—Name, first, the Disease Cause of Cause and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumania ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilanitis," etc. tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stited unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meastes; (name origin; "Cancer" is less definite; avoid (secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menperilanaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need Chronic valvular heart disease; " "Coma," "Convulsions," etc. The contributory not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH

County Frederick

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2/

Village or City Frederick

(No242 Dill Ave.,

Ward)

(If death occurred in a hospital or institution, give its NAME is -stead of street and

2FULL NAME George Edward Gittings.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Oel 25 , 1980 (Month) (Day) (Year)
December 5, 1873 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from ON. 50 193 to ON 25 , 193 , 1
7 AGE 56 10 20 If LESS than 1 day	and that death occurred on the date stated above, at
Coccupation (a) Trade, profession or particular kind of work Retired Farmer (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) IO NAME OF FATHER GEO. W. Gittings. II BIRTHPLACE OF FATHER (State or country) Z W II BIRTHPLACE OF Md. II BIRTHPLACE OF MOTHER Susie C. Burton. I3 BIRTHPLACE OF MOTHER (State or Country) Md. (State or Country) Md.	(Signed). *State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal. 13 Lingth Of Residents) At place of death yrs mos ds. (Durstion) Yts mos ds. M. D. *State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal. In the John Mos ds. Where was disease contracted,
(Informant) J. J. Gittings, Frederick, Md. (Address) Filed 27-Oxtoble 1980 or McCharles Registras	former or usual residence 2 4 2 Dill Ome, Frederick 19 PLACE OF BURIAL OR REMOVAL M. Olivet Cem., Frederick 2D UNDERTAKER M. R. Etchison & Son Frederick, Md.

Late Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

No 2

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The queser," etc., without more process. Taborer, Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foremon, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g.. Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to e.ch and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cobb, Housemard, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Civil engincer, Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the For many occupations a single word or term on Stationory firemon, etc. But in many ged

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar preumonia, Bronchopneumonia ("Pneumonia,")

> st_ted unless important. unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Corcinoma, Sarcoma, etc., of "(E:haustion," "Heart failure," "Iaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; tclonus) may be stated under the head of "contributory." carbolic acid—probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the State cause for which surgical operation was under-American Medical Association.) Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railwoy train-"Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart discose; nephrilis, etc. The contributory Example: Measles (disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

N. B.

PLACE OF DEATH County Frederick	05556 STATE OF MARYLAND CERTIFICATE OF DEATH
ViNage or City Frederick (No. 242. 2) 2FULL NAME George W. Ge	Registration Dist. No. 3/ (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Wildows Willows OR DIVORCED (Write the word)	16 DATE OF DEATH May 2 , 1980 (Month) (Day) (Year)
(Month) (Day) (Year)	that I last saw have alive on May 7, 1930
7 AGE If LESS than I dayhrs.	and that death occurred on the date stated above, at 7./57m The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Farmer.	<u> </u>
(b) General nature of industry business, or establishment in which employed or (employer) Petros 20 years 9 BIRTHPLACE (State or country)	Contributory Cours relations yrs mos de Contributory (Duration)
10 NAME OF FATHER GLOOGE W. Gittings 11 BIRTHPLACE OF FATHER (State or country) Magneland	(Signed) *State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME Offer Walker OF MOTHER Offer Walker 13 BIRTHPLACE OF MOTHER (State or Country) Magnedand	18 L'NGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
(Informant) James Gittings	Where was disease contracted, if not at place of deah? Former or usual residence 2 4.2 Dell Only Fuldence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 342 Will Ave.	Mot. Olivet Com Hoay 5, 1930 20 UNDERTAKER ADDRESS Thomas P. Price Frederick

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional lipe is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Flanter, tion applies to e.ch and every person, irrespective cl state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> American Medical Association.) st_ted unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Com2," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E haustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-

"If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

14 1930

Dr. Holine

(Approved by U. S. Census and American Public Health Association.)

taborer, fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Peal-Spinner, (b) Cotton mill; (a) Salesman. (b) (a) Foreman, (b) Automobile foctory. The should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health. Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House* en at home, who are engaged in the duties of the whatever, write None. to report specifically the occupations of persons en-Housemaid, etc. If the occupation has been changed engineer, Stationory firemon, etc. But in many For many occupations a single word or term on Farm loborer, Loborer-Coal mine, etc. without more precise specification as Day and children, not gainfully em-6 material Grocery;

Statement of Cause of Death—Name, first, the hist base CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrossinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of "PUERPERAL septicoemia," "PUERPERAL peritoritis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." curbolic acid-probably suicide. The nature of theinjury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Whooping cough; Chronic valvulor heart disease; approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY or intercurrent) affection need Example: Meosles (disease etc. The contributory Always qualify all not

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH EXACTLY,
'ly classified
ificate. Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number.) propel PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH ERMANEN 3 SEX 4 COLOR OR RACE MARRIED. MANUS OR DIVORCED onid may n bad Write the word (Month)(Day) 17 I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH that (Month) Ü If LESS than 7 AGE and that death occurred on the date stated above, I day hrs. 16 ds. or min.? OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) yrs. mos which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) OO 10 NAME OF (Signed) shoul E OF (Address) NTS *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether OF FATHER SON (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAM 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER inform tate ients or Recent Residents) state 13 BIRTHPLACE At place of death... In the OF MOTHER s should s (State or Country) Where was disease contracted, if not at place of death? Every item CIANS sho statement OF BURIAL

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Screaut, Coak ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mane, etc. wom-en at home, who are engaged in the duties of the er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Housemuid, etc. If the occupation has been charged to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, For many occupations a single word or term on without more precise specification as Day Compositor, Architect, Locomotive engineer, (b) Automobile factory. The material person, irrespective of not gainfully em-(6) Grocery; 3.6

Statement of Cause of Death—Name, first, the EMA-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), is extended that the same disease. Examples: Cerebrophical fever (the only definite synonym is "Epidemic cerebrophical meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HONICIDAL, "PUERPERAL septicacmia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease approved by Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Committee on Nomenclature of the Chronic valvular heart disease nephrilis, etc. The contributory Always qualify all contributory

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

	PLACE OF DEATH County Taderick	Within the Corporar	08016	STATE OF M CERTIFICATE Registration D	OF DEATH
	Village or City Trederick City 2FULL NAME Drs. 3	yo. Hospital	saw.	St.:Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stend of street and number.)
	PERSONAL AND STATISTICAL F	PARTICULARS	MEDICA	L CERTIFICATE O	F DEATH
	4 me o- wide	GLE, RIED, Married DIVORCED e the word)	16 DATE OF DEATH	July -	- 23 = 1000 -(Day)(Year)_
	6 DATE OF BIRTH aug. (Month)	(Day) (Year)	that I last saw her	alive on	ly 23 , 1930,
	7 AGE 37 yrs. 6 mos.		and that death occurred	0	above, at 1 40Pm.
	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	wafa,	traeme	(Duration)	
	9 BIRTHPLACE (State or country) Marylane	d .	Contributory Coo	Lecystitis, (Duration)	choleliathia
	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country) 12 MAIDEN NAME	bondon and.	(Signed)	Ef Thon	or, in deaths from ury and (2) whether
	of MOTHER CICCLE B. 13 BIRTHPLACE OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country)	Brown,		DENCE (For Hospital dents) In the state	Lfo mos de
	(Informant) Ola S. S.	KNOWLEDGE LISAN ;	Former or usual residence.	to Our 1	DATE OF BURIAL
	Filed 23 July 1980 Fra J	Cere Durly Registrar	20 UNDERTAKER 16 W. Saratova St., Bal	Walts III	ADDRESS July 19 82

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queser," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully embusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. whatever, write None. Housemaid, etc. If the occupation has been changed mer, (b) Cotton mill; (a) Salesman. (b) Grocery;
Foreman, (b) Automobile factory. The material to know (a) the kind of work and also (b) the engineer, Stationary fereman, etc. But in many For many occupations a single word or term on Farm laborer, Luborer-Coal mine, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosypinal fever (the only definite synonym is "Epidemic cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia,"

"(Exhaustion," "Heart failure, lacellocation," "Shock," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease inges, peritonaeum, etc., Corcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Meusles; "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic Chronic interstitud nephritis, unqualified, is indefinite); Tuberculosis of lungs, menletimus) may be stated under the head of "contributory."! diseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopnoumonia (secondary), (secondary or intercurrent) affection need (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condietc. The contributory valvular heart discuse; not

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PLACE OF DEATH County Frederich Village or Cit Frederich (No. 504 6	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 St.: 3 Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME Masia 6. F.	Glover. stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE. MARRIED Married WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH OPEN 23, 1950 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw her alive on Dec 23, 1920,
7 AGE 81 yra. 3 mos. 8 ds. or min.? 16 OCCUPATION (a) Trade, profession or	and that death occurred on the date stated above, at 2
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 1975 mos ds.
10 NAME OF FATHER Stephen Frogg 11 BIRTHPLACE	(Signed). (Address) Leherut Cuf
OF FATHER (State or country) New Hamshire 12 MalDEN NAME OF MOTHER OF MOTHER	*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Mass achusets.	ients or Recent Residents) At place of deathyrs
(Informant) folin & Glover	If not at place of dea h?
15 Filed 24 Decarle 1980 Da we landy Registral	Stoughton Mass Vec 26 1930 20 UNDERPAKER Thomas T. Thice Firedwick

If more b.anks are needed, addro. s : tate registrar, 16 W. Saratoga St., Balto., Lequesting V. S. Ito. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to e.ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, whatever, write None. household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many Automobile factory. The material

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

American Medical Association.) "E:haustion," "Heart failure, liaemorinage, "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E:haustion," "Heart failure," "Haemorrhage," st.ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death "Atrophy," "Collapse," "Com2," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.: Y resulting from childbirth or miscarriage as Chronic valvular heart disease; etc. The contributory

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

an Gow T. Thomas.

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(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emlaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Calton mill; (a) Salesman. (b) nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Furmer (re-Housemuid, etc. If the occupation has been changed " etc., without more precise specification as Day Foremun, For many occupations a single word or term on (b) Automobile factory. The material Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease " Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, (secondary or intercurrent) affection need not be stated unless important. Example: Meanles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopucumonia (secondary), Whooping unqualified, is indefinite); Tuberculosis of lungs, menletanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, State cause for which surgical operation was under-"PUERPERAL scpticaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, American Medical Association.) approved Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as by Committee on cough: Chronic etc. valvular heart Nomenclature The contributory disease;

02

	PLACE OF DEATH County J'rederick	14244 STATE OF MARYLAND CERTIFICATE OF DEATH
	Tillage or City Mar Thurmont No.	Registration Dist. No. 144
ificate		St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
back of	male Ahile SSINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (1930 , 1930 , 1930 , (Month) (Day) (Year)
6	DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Suc	(Month) (Day) (Year)	1930 to 100 15 ,1930, that I last saw hun alive on 100 15 19230;
structio	AGE yrs. 2 mos. 20 ds. or min.?	and that death occurred on the date stated above, at
0	OCCUPATION (a) Trade, profession or particular kind of work	Labor Preussoira.
i.	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos 3 ds.
impo	BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs mos ds.
s very	10 NAME OF FATHER Claude a. Gochenour	(Signed) Auto Hay M. D.
RENTS	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAF	OF MOTHER Suth M. Smith	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
0000	13 SIRTHPLACE OF MOTHER (State or Country)	At place of death yrs mos, ds. In the State yrs mos ds.
	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
ent	(Informant) Exarade a. Gochenour	Former or usual residence
tatem	(Address) Thurmout Jud	Bether Country have 17, 1930
0 15	Filed Nov. 16 19:30 R. O. Eyler Deb Registra	Hillhide & Creeger Phurmonh

If more banks are needed, addre & Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). laborer, whatever, write None. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook work, or At Home, and children, not gainfully em-ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housenwid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Salesman, Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrogerer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease (secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be Chronic etc. The contributory valvular heart disease; Measles;

EXACTLY, P stated (properly of certifi certifi that 80 EAT Should E OF DE Information AU O d state D shoule Every Item CIANS sho statement

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PHYSI-

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No tion, give its NAME instend of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX MARRIED. WIDOWED, OR DIVORCED (Write the word) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Month) (Day) (Year). and that death occured on the date stated above, at I 7 AGE If LESS than 1 day hrs. (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF OF FATHER HZ *State the Disease Causing Peath, or, in deaths from (State or country) Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal, 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Fospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER of death vis......mos... (State or country) Where was disease contracted, if not at place of death? DATE OF BURIAL

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health. Statement of Occupation-Precise statement of ocen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housenwid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Farm laborer, Loborer-Coal mine, etc. Womwithout more precise specification as Day

s inul meningitis"); Diphtheria (avoid use of "Croup fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accent-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Difference of Death-Name, first, the Diffe Typhoid fever (never report "Typhoid Pneumonia" pneumonia, Bronchopneumonia ("Pneumonia,

> "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (discase inges, peritonaeum, etc., Careinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid "Exhaustion, "Debility" ("Congenital," Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, carbolic acidaccident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underapproved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; " "Marasmus," "Old Age," "Shock," -probably suicide. The nature of the injury, 99 "Heart failure," "Haemorrhage, Chronic etc. The contributory valvular heart Nomenclature discuse;

data is essential and must be obtained before the certificate is permanently filed. answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions

S. No.

N B.--

PLACE OF DEATH	STATE OF MARYLAND
County Fuederick William I	CERTIFICATE OF DEATH
M O I M O .	Registration Dist. No. 121
Village or City frederick (No frederick) 2FULL NAME Mary Eller	Ality fackets Ward) (If death occurred in a hospital or institution, give its NAME instend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH May (Negth) (Day) (Year)
May 16, 1930	that I last ow her alive on May 18, 1980.
7 AGE If LESS than I day	and that death occurred on the data stated above, at P m. The CAUSE OF DEATH * was as follows:
yrs mos ds ormin.?	Dutra- cravial hemoorhage
(a) I rade, profession or particular kind of work	V
(b) General nature of industry	
business, or establishment in	(Durasian)
which employed (r (employer)	(Duration) yrs mosi, its
9 BIRTHPLACE (State or country) Manual	Contributory Secondary
10 NAME OF FATHER THE STATE OF	(Signed) (Duration) yrs mos M. D.
O 11 BIRTHPLACE	May /8 1980 (Address) Treducica Mo.
State or country) Maryland	* te the Discase Causing Death or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Clared, Cader	13 LENGTH OF RESIDENCE (For 1.ospitals, Institutions, Trans- lents or Recent Residents)
13 BIRTHPLACE OF MO"HER (State or country) Manford	At place of death yes mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease controcted, if not at place of death?
(Informant) S. C. Gasully	Former or usual residence
(Address) Jelswels, My	Mt. Olivet Com. Les Moy 19, 1,32
15 Filed 19-luay 1980 Da McChily	M. R. Etchicart on Jackerick my
If mere banka are needed, address State Kegistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very im sortant, so that the relative health. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return" Laborer, ""Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesmon. nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer tired 6 yrs). For persons who have no occupation ployed, as At school, or At home. Care should be taken household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully embusiness, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed whatever, write None. report specifically the occupations of persons en-Foreman, (b) Automobile factory. For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day The (b) material Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros inal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonilis, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping cough; approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably sucide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart Nomenclature of the disease;

If more blanke are needed, addrosa State Registrar,

(If death occurred im

a hospital or institu-tion, give its NAME ir-etend of street and

number.)

In the

State yrs mos.

DATE OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASB CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. E.:amples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever 'never report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia");

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarconu,, etc., of (name origin: "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory". accident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all Whooping American Medical Association.) approved by Committee on Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), cough; Chronic valvular Nomenclature of the heart disease; not be

-	-	1PLACE OF DEATH	
		County Frederick	
	Vil	lage or City no Thomas (No.	
		2 FULL NAME Mary Estelle	
		PERSONAL AND STATISTICAL PARTICULARS	
4	3 E	male Black Strotte, MARRIED, Married (Write the word)	16
	6 [DATE OF BIRTH	1
		March (Day), 1868 (Month) (Day) (Year)	th
	7 A	(6) yrs. / 0 mos. 30 ds. or min.?	TI
1	(:	a) Trade, profession or Jousekeeper	יית
1	1	b) General nature of industry usiness, or establishment in which employed or (employer)	
	9 E	(State or country) Louden Co Va.	****
		10 NAME OF FATHER Unknown	(S
	ENTS	11 BIRTHPLACE OF FATHER (State or country)	
	PARE	OF MOTHER Mary & Joung	18
		13 BIRTHPLACE OF MOTHER (State or Country) Maknown	A of
	14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if Fous
		(Address) James Holy	19

01652 STATE OF MARYLAND CERTIFICATE OF DEATH

Ward

91-8

Registral

Registration Dist. No. 136

(If death occurred in

••••	Georg,	a hospital or institu- tion, give its NAME ir- stead of street and number-)		
	MEDICAL CERTIFICATE OF DEATH			
l	16 DATE OF DEATH Selmany 15 t	£ , 19 2 30		
=		(Day) (Year)		
8.	that I last saw halive on	, 192,		
an s.	and that death occurred on the date stated. The CAUSE OF DEATH * was as follows: Carterio-sclerosis. Surf	the desired the second		
\.	(Duration)	yrsds,		
	Secondary (Signed) Lland Guration) (Signed) Lland Guration) *State the Piscase Causing Death, Violent Causes, state (1) Means of Inj Accidental, Suicidal or Homicidal.			
ーノー・	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death			
ho	19 PLACE OF BURIAL OR REMOVAL 20 PADEBTAKER	DATE OF BURIAL		

7. S. No. 1

N. B.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material cupation is very important, so that the relative healthtired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook, ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write Nonc. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomolive engineer, or At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injuny diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Measles (disease Whooping cough; Chronic Chranic interstitual nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Aecidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse, perilonaeum, etc., Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be Carcinoma, Sarcoma, etc., of ," "Coma," "Convulsions, valvular heart disease etc. The contributory Nomenclature of the

V. S. No. 1

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N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact WRITE P

PLACE OF DEATH County County Ledens	10396 STATE OF MARYLAND CERTIFICATE OF DEATH
Sophisville sust	Registration Dist. No. 137
Village or City West West 2FULL NAME Bessie Was	St: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 9 1930
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year) 7 AGE If LESS than 1 day hrs.	that I last saw h Ly alive on 9 - 17 - 193 C
3 yrs. 8 mos. 6ds. or min.?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or particular kind of work	Chrome myocardeta
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs, mos, ds,
business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Pheclerch Co Med	Contributory Secondary (Diction) VIII (Diction) de
10 NAME OF Melson & West	(Signed) M. D.
State or country) Frederich Co My	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Viginia Thomas	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Treslerich Co Mil	At place of deathyrsmos,ds. In the Stateyrsmesds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence.
(Intermedity Com! St. Freslerich MI)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL WILL Theolerick Md 9/19, 1930.
Filed Registrar	Larry & Carty Frederick Med
If more blanks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

or given up on account of the DISEASE GAUSING DEATH state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Screant, Gook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an Civil engineer, Stotionary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken work, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. to report specifically the occupations of persons enborer, Farm laborer, Laborer—Coal mine, etc. Wom-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). (b) Cotton mill; (a) Salesmon. (b) Automobile foctory. The material For persons who have no occupation (b) Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebbaspinut to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection withrespect Statement of Cause of Death-Name, first, the pis-Typhoid fever (never report "Typhoid Pneumonia") (the only definite synonym is "Epidemic cerebropneumonio, Bronchopneumonia ("Pneumonia,

> American Medical Association.) " welanges) may be stated under the head of "contributory." stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertlonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meosles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature garbolic acid-probably suicide. The niture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need as fracture of skull, and consequences (e. g., sepsis, taken. FOR VIOLENT DEATHS State MEANS OF INJURY can be ascertained as the cause. Whooping cough; Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Corcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic tun-hrilis, etc. The valvulor heart disease; Always qualify all contributory

permanently filed answered in detail, it will prevent further correspondence. All tidata is essential and must be obtained before the certificate If this certificate is looked over thoroughly and all questions

,	, PHYSI- ed. Exact
CORD	nformation should be carefully supplied. ACE should be stated EXACTLY, PHYSI-state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact CUPATION is very important. See instructions on back of certificate.
AINLY, WITH UNFADING INKTHIS IS A PERMANENT CORD	be stated be proper ck of cert
A PERM	CE should nat it may ons on ba
AIS IS	lled. A(ns so tlastructi
INKTI	refully supp in plain terr rtant. See in
ADING	SATH In p
TH UN	Should E CF DI
IF, WI	matlon CAUS
INI	State

PLACE OF DEATH	09236	STATE OF MARYLAND
County tredench		CERTIFICATE OF DEATH
01	(113)	Registration Dist. No. 191
Village or Cibilosolylocu(Ne.		St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME is
2FULL NAME / Dlarence	devand	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE OF DEATH
Male Black Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY	CERTIFY That I attended the deceased from
(Month) (Day) (Year)	that I last ow h	alive on 1923
7 AGE If LESS than I day	and that death occur The CAUSE OF DEAT	red on the date states above, at
8 OCCUPATION (a) Trade, profession or particular kind of work	Cholo	ra defaule su
(b) General nature of industry business, or establishment in		(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory	(Duration)de,
10 NAME OF Charles of Gran	(Signed)	A Ball M.D.
UN STATE OF FATHER (State or country) (State or country)	1	(Address) Sease Causing Death, or, in deaths from ate (1) Means of Injury and (2) Whether are Homielians
of Mother Helan Beggue		SIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)	At place of dearl yrsm	In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contribution of at place of dear	h?
(Informant) ///grela &soon Sunt	TE PLACE OF BURIA	
(Address) Lebertytown	St. Peters	Cerulie aug 22. 1030
15 File Oug. 2/ 1920 MACCufulay Registrar	DEVELLY AL	laugh Literlaton
If more banks are needed, address State Registrar	, 16 W. Saratoga St., I	Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scroont, Cook, to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken work, or Al Home, and ehildren, not gainfully emen at home, who are engaged in the duties of the laborer, er," etc., Never return "Laborer," "Foreman," "Manager," "Dealsary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. For many occupations a single word or term on Form laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Doy Compositor, Architect, For persons who have no occupation Locomotive engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pucumonia,"); Lobar pneumonia, Bronehopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL perdonities, "Inanition," "Warkness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Mcasles (disease inges, perilonacum, etc., Carcinoma, Surcona, etc., of approved by as fracture of skull, and consequences (c. g., sepsis, earbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Exhaustion, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meosles; American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway troin-Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as cough; 'Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Committee on Nomenclature of the Chronic The nature of the injury, etc. The contributory valvulor heart discose; not be

County Trederick	0431 STATE OF MARYLAND CERTIFICATE OF DEATH
~ 11 ' 11.	Registration Dist. No. 153
Village or City alkers rusoll	St: Ward) St: Ward) A hospitul or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX A COLOR OR RACE MARRIED WIDOWED: WITHOUT (Write the word)	(Mouth) (Day) (Year)
6 DATE OF BIRTH April 14, 1876 (Month) (Day) (Year)	that I last saw have alive on an 23, 19130
7 AGE 3 yrs. 9 inos. 9 ds. or min.?	and that death occurred on the date stated above, at
B. OCCUPATION (a) Trade, profession or Letical farmer particular kind of work Letined farmer	John Granden
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs mos. 6 ds.
9 BIRTHPLACE (State or country)	Secondary (Duration) yrs
10 NAME OF FATHER CHAIRS CHEEN	(Signed) 10 to the State M. D.
OF FATHER State or country) 12 MAIDEN NAME	*State the lis ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother anda Cline	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h? Former or usual residence
(Address) Walkersville ma	PACE OF BURIAL OR REMOVAL BATE OF BURIAL AM 2519.30
15 Fil Dan, 2 4 194 30 Registra	ML Terrager Hay Thurmont
If more blanks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Collon mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed g ged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, For many occupations a yrs). without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on (b) Grocery;

Statement of Cause of Death—Name, first, the Disease Cause of Death—Name, first, the Disease Cause Cause tion, using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

answered in detail, it will prevent further correspondence.

data is essential and must be obtained before the certificate is

permanently filed.

(Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Ethaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injudy State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, If this certificate is looked over thoroughly and a'l quastions "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or misearriage as (name origin; "Cancer" is less definite; avoid Chronic valvular heart disease, etc. The Nomenclature of the contributory

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PLACE OF DEATH County Breleville	STATE OF MARYLAND CERTIFICATE OF DEATH
Well a lana	(160) Registration Dist, No. 13
Village or City Rolling (No	St.: Ward) St.: Ward) (If death occurred In a hospital or institution, give its NAME in stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH april 22 1930	17 I HEREBY CERTIFY, That I attended the deceased from Company 28, 1930. to Company 28, 1930
(Month) (Day) (Year)	that I last saw h evalive on Office 37, 1950
7 AGE If LESS than I day hrs. I day hrs. or min.?	
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Duration) yrs mos 7 ds
9 BIRTHPLACE (State or country)	Contributory Secondary (Durstion) yrs mos de
10 NAME OF FATHER Officed Gray 11 BIRTHPLACE	(Signed) (BC) M. E. A. C. M. E. C. M. E. C. M. E. C. M. E.
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Flower Hocket	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trunsients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathmosds. In the Stateyrsmosd
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h? Former or usual residence
(Informant) (Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL April 29, 1930
15 Filed april 2 1988 & Offinducher Registras	20 UNDERTAKER LADDRESS Hallstone
If more b.anks are needed, addre.s Ltate Kegistra	r, 16 W. Saratoga St., Balto., Lequesting V. S. So. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tion applies to each and every person, irrespective ci fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocsary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no occupation The ques-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia,")

> st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n_ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, Whooping cough; approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condiinterstitial nephritis, " "Marasmus," "Old Age," "Shock," or intercurrent) affection Chronic valvular heart disease; etc. The contributory need not be etc., of

V 3 No. 1

PLACE OF DEATH	01200 STATE OF MARYLAND
County & Trederick	CERTIFICATE OF DEATH
	Registration Dist. No. 129
will be contacted to the second and an income	MA
Village or City Jul Jan and and	St.: Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME Edwn J.	Griffen tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF REATU
3 SEX 4 COLOR OR RACE 5 SINGLE,	MEDICAL CERTIFICATE OF DEATH
MARRIED, Mark	16 DATE OF DEATH (WILL 27, 1983)
male white OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Jan 2 1. 130	192 to april 2 , 193 3 C
(Month) (Day) (Year)	that I last saw h malive on Challet 193 30
7 AGE	and that death occurred on the date stated above, at 30 7 im.
5 0 yrs. 3 mos. // ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION	(Tulmonary July Culoria
a) Trade, profession or particular kind of work	
(b) General nature of industry	
husiness, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE	Contributory
(State or country) Ballmore Ma.	1 (Dyration) Q D yrs. A fnos. ds.
10 NAME OF STATHER S	(Signed) Llewar D. Shaffer M. D.
-aunitionalis	Cyvil 2719230(Address) Tale Sandorum me
of Father (State or country) By Tunole Md.	
	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER alice a. Ringrose	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place G In the 50 3 1
OF MOTHER (State or Country) / Sallmore Md.	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
1 Jar a. Your dries	Former or usual residence 2229 Callow Cive, Ballo. Md
(Informant) W. U. Sarah	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)/ Male Jaffalo Um Md.	Ysalimore ma mornous
15 FILE (1) 2 D. 100 Miles	20 UNDERTAKER ADDRESS IN
Filed 7 192 Registras	M-L- Creager Thurmont
If more blanks are needed, address ttate Kegistras	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from fulness of various pursuits can be known. The queswhatever, write None. Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the dutics of the er," etc., additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective of Statement of Occupation-Precise statement of oc-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Symbold fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> atic), "Atropny, County," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," when a definite disease diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. telanus) may be stated under the head of "contributory." st_ted unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as accidental, suicidal or Homicidal, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (seeondary or intercurrent) affection need, not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condicough; Chronic ete. The contributory valvular heart disease; Nomenclature of the

PLACE OF DEATH

Village or City Brunowiczna m	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCEP OR DIVORCEP (Write the moral processor)	16 DATE OF DEATH TOUNTS 24 , 152
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the decease 19270. to 19270. to 19270. that I last saw h 1 M alive on 19270.
7 AGE 3 9 yrs. 3 mos. 3 ds. or min.?	and that death occurred on the date stated above, at . 7.1.360
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Mitral Trouffreener
	(Duration) Tis. mos.
which employed or (employer) State or country) 10 NAME OF FATHER	Contributory Secondary (Duration) (Duration) (Duration) (Signed) (Duration) (Duration) (Signed)
which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) (State or country) (State or country) (State or country)	Contributory Change Myster Cha
which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 2 (State or country)	Contributory Secondary (Duration) (Signed) (Signed) *State the Disease Causing Death, or, in deaths for Violent Causes, state (1) Means of Injury and (2) When Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents) At place of death yrs mos ds.
which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER	Contributory Secondary (Duration) (Signed) (Signed) *State the Disease Causing Death, or, in deaths for Violent Causes, state (1) Means Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents) At place In the

WITHIN COSPORATE ST

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The question applies to each and every person, irrespective of Statement of Occupation—Precise statement of occupation is very important, so that the relative health, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons enwork, or At Home, and children, en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, House-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day For persons who have no occupation not gainfully em-

EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage," "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be (secondary or intercurrent) Example: Measles (disease Chronic interstitial nepritis, Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all approved as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS STATE MEANS OF INJULY State cause for which surgical operation was under-American Medical Association.) Recommendations on statement of cause of death Never report mere symptoms or terminal condiby Committee on Nomenclature cough; Chronic etc. The contributory valvular heart disease;

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation

Streement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise_se. Examples: Cerebrosphal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia");

> telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Dobility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (mcrely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 140

-	Ward)	(If death occurred In a hospital or institu- tion, give its NAME is stend of street and number.)
	MEDICAL CERTIFICATE OF	DEATH
	16 DATE OF DEATH Marely	30, 1080
		(Day) (Year)
	17 HEREBY CERTIFY, That I atten	
	March 61970. to Ma	rely 27, 1933d.
	that I last saw h Manlive on Man	CW 79, 1920
1	and that death occurred on the date stated a	bove, at 3 av. m.
	The CAUSE OF DEATH * was as follows:	
	Aulemman ale	leclasis
	(Duretion)	yrs mos ds.
		y 10
1	Contributory Secondary	000000000000000000000000000000000000000
	(Duration)	vrsds.
-	(Signed) [alaw Phy	Les M. p.
-	3/30/ 1930 (Address) De	low pour
-	*State the Disease Causing Death, Violent Causes, state (1) Means of Inju Accidental, Suicldal or Homicidal.	or, in deaths from ry and (2) Whether
	18 LENGTH OF RESIDENCE (For Hospitalients or Recent Residents)	ls, Institutions, Trans-
	At place of deathyrsmosds,	yrsmosds.
-	Where was disease contracted, it not at place of dea h?	
	Former or usual residence	
	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	Mak diel	1130. 193e
	20 UNDERTAKER	ADDRESS

If more b.anks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. I.

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womnature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on Compositor, Architect, For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros: inal meningitis"); Dinhtheria (avoid use of "Croup"); Styphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia")

> American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E:haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainperitonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY or intercurrent) affection need not be Chronic etc. The contributory valvular heart disease;

No.1

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PLACE OF DEATH	DECEMBER LANCED TO	STATE	OF MARYLAND
County Frederick	TRAIN . TO THE	(185) CERTIFIC	CATE OF DEATH
	Within the Load har stools	Registr	ation Dist. No./2/
	39 Trail	Tul St.:	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME MUS. C	ma mus	yung	number.)
PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL CERTIFIC	ATE OF DEATH
3 9EX 4 COLOR OR RACE 5 SINGL MARRI WIDOV White to Write to	ED. WILLIAM TO DATE C	F DEATH M	ay 4, 19830 (Day) (Year)
Date of BIRTH May	1, 1846 The	I HEREBY CERTIFY, The 1929. to saw h Walive on S	t I attended the deceased from
(Mo)(th) (eath occurred on the date	atatad above AB-151 m
		E OF DEATH * was as foll	/ /
B OCCUPATION (a) Trade, profession or Housen	rife Frotun	lives	on floor of apart-
(b) General nature of industry business, or establishment in which employed or (employer)	ment	Cong R. (Durstion) Homos do.
9 BIRTHPLACE (State or country)	Contrib	Duratio	yrs. f. mosds.
10 NAME OF FATHER AMUEL AT	onetaker Signed	un 1970 (Address)	wede M.D.
OF FATHER (State or country) 12 MalDEN NAME (State or country)	*Sta Violent Accident		Death, or, In deaths from of Injury and (2) Whether
of MOTHER Relecca		H OF RESIDENCE (For Recent Residents)	Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Mary	At place of death		In the State mos de.
14 THE ABOVE IS TRUE TO THE BEST OF MY	KNOWLEDGE It not at p	ace of dea h?	10 + 11
(Informant) Miss. Noom	Former or usual reside	of BURIAL OR REMOVAL	DATE OF BURIAL
(Address) Walertam	Mark Mt.	Olinet Com'7	may (6, 19 36)
15 Filed 6-lenoy 1980 Ja.	Registray M4	Eletrison	Hay Frederick
lf more blanks are needed, a	ddre.s Ltate Registrar, 16 W. Sar	atoga St., Balto., Lequesti	ng V. S. 1.6. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective cl tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many Locomolive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Sinal meningitis"); Diphtheria (avoid use of "Croup"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

(secondar) or intercurrent) affection need not be st.ted unless important. Example: Measles (disease "(E:haustion," "Heart failure," "Ifaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentclanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; approved by Committee on Nomenclature of the carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; etc. The contributory

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact CORD PERMANENT BINDING , WITH UNFADING INK-THIS IS A MARGIN RESERVED FOR WRITE P

V. S. No. 1

K. B.

	PLACE OF DEATH	12436 STATE OF MARYLAND
	County of rederion	CERTIFICATE OF DEATH
	11-10 +	Registration Dist. No.
	Village or City State San welown	Md. St.: Ward) (If death occurred in a hospital or institu-
916	80. 0 ly	tion, give its NAME is stead of street and
ertificate	2FULL NAME ()	number.)
00	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
0	3 SEX 4 COLOR OR RACE SSINGLE, MARRIED, MANY & MIDOWED.	16 DATE OF DEATH (2 + 2 0 199.30
Sack	Almale White OR DIVORCED (Write the word)	(Month) (Day) (Year)
g uo	DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
0 8	July 30, 1900	1920 30 1930 to 9 er 20, 19250
tior	(Month) (Day) (Year) 7 AGE If LESS than	that I last saw h Malive on
structio	1 day bre	and that death occurred on the date stated above, at
ns	3 0 yrs. 2 mos. 20 ds. or min.?	P 1 = CAN 1 to Can Annual
998	(a) Trade, profession or Australia kind of work	Justino nary Justicalore
1988	(b) General nature of industry	
rtan	basiness, or establishment in which employed or (employer)	(Duretion) yrs
Importan	9 BIRTHPLACE (State or country)	Contributory
	10 NAME OF	(Diration)yrsds.
very	FATHER Sumon W. Crum	(Signed) M. D.
00	II BIRTHPLACE OF FATHER	*State the Lisease Causing Death, or, in deaths from
200	(State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
4	of MOTHER Margaret G. Jackson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ionts or Recent Residents)
3	13 BIRTHPLACE OF MOTHER	At place 5 20. In the 30 2 20.
5	(State or Country)	Where was disease contracted,
10 1	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or Boomobono Md. R.F.S.#3
neu	(Informant) // a your area	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
arer	(Address) State Sanglorin Mel.	Bornstoro md. luknown
18	15 Filed 10/14/ Sp 192 1800	20 UNDERTAKER ADDRESS
	Filed 7 7 192 Registrar	Wm ct. Bust + Son Boonsboro

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs For persons who have no occupation state occupation at beginning of illness. If retired from ployed, as At school, or At hame. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autamobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed g ged in domestic service for wages, as Servant, Caok, definite salary), may be entered as Ilausewife, Houseen at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Campositor, Architect, Locomotive engineer, ,, etc., or At Hame, and children, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Labarer-Caul mine, etc. Womwithout more precise specification as Day not gainfully em-

Statement of Cause of Death—Name, first, the DISERASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid Pneumonia"); Labar pneumonia, Branchopneumonia ("Pneumonia,")

American Medical Association.) stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the accident; Revalver waund of head-homicide; Paisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," use of "Tumor" for malignant neoplasms); (Recommendations on statement of cause of death clanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid—prabably suicide. The n.ture of the injury, Examples: Accidental drawning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Branchopneumonia (secondary), Chronic interstitial nephritis, Whoaping inges, perilanaeum, etc., Carcinama, Sarcoma, etc., of unqualified, is indefinite); Tuberculasis af lungs, men-(secondary "Atrophy," "Collapse, Never report mere symptoms or terminal condi (name origin; "Cancer" is lcss definite; avoid caugh; or intercurrent) affection need Chronic ," "Coma," "Convulsions, etc. The contributory valvular heart disease; Measles; not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	04291 STATE
County Frederick	(90) . CERTIFIC
12	Registr
Village or City Musewith (No.	St.:
2FULL NAME William Lyns	4 Shoss.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFIC
Male VIII (Write the word)	16 DATE OF DEATH (Month
6 DATE OF BIRTH	17 I HEREBY CERTIFY, Tha
(Month) (Day) (Year)	that I last aaw h save alive on
7 AGE IFLESS than I dayhrs.	and that death occurred on the date The CAUSE OF DEATH * was as follo
yrsds. ornin.? B OCCUPATION (a) Trade, profession or	Chrome my o
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration
9 BIRTHPLACE (State or country) In edinich Osunte.	Contributory Secondary (Duration
10 NAME OF FATHER Plants Thank	(Signed) ar314
11 BIRTHPLACE OF FATHER	1980 (Address) & O
Z (State or country) ellench Country	*State the Disesse Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.
of MOTHER Winabeth & Boller	18 LENGTH OF RESIDENCE (For
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country) (State or Country)	At place of deathyrsmos,ds,
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informany) chase Troad	Former or usual residence
(Address Brinswich 9/10)	Al Musto Petus Vil
Filed Mr. 12 190 Mrs. N. S. Helys Registrar	20 UNDERTAKER
If more blanks are needed, address State Registrar	, 16 V Saratoga St., Balto., Request

STATE			
CERTIFIC	CATE	OF	DEATH

Registration D	ist. No. /4/
Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)

MEDICAL CEI	RTIFICATE	OF DEATH	
16 DATE OF DEATH	/	/ O ,	
17 I HEREBY CERTIF	FY, That I at	tended the de	ceased from
that I last aaw h alive	on apr	. 10	, 193.4,
and that death occurred on t		d above, at	? <u>a.</u> m.
Chronic m	щось	rdite	J
Contributory Clu Secondary	(Duration)		nos. ds.
*State the Disease (Violent Causes, state (1) Accidental, Suicidal or Homic	Causing Death Means of I	or, in des	ths from Whether
18 LENGTH OF RESIDENC ients or Recent Reaidents) At place of deathyrsmos Where was disease contracted, if not at place of death?			
10 PLACE OF BURIAL OF RE	stelle	ADDRESS	BURIAL 3., 1980

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISLEAND CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,";

American Medical Association.) inges, perionaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uracmia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid—probably suicide. Then ture of the injury, as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, Always qualify all contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

ż

PLACE OF	DEATH
County Are	derick

V08017

STATE OF MARYLAND CERTIFICATE OF DEATH

County	Registration Dist. No./2/
Village or City Jefferson (No. Route 2FULL NAME 2 mos, fetus	St.: Ward) (If death occurred in a hospital or institution, give Its NAME Irstend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
8 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR OIVORCED (Write the word) 6 DATE OF BIRTH 10 28 - 1930 (Conth) (Day) (Year)	16 DATE OF DEATH Lang - 28 - 1980
7 AGE 2 mps. fetus, lifLESS than 1 dayhrs.	and that death occured on the date stated above, at 5:15
yrsds. ormin.?	p s
8 OCCUPATION (a) I rade, profession or particular kind of work	abortion
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs ds,
9 BIRTHPLACE (State or country) Lefterson. And,	Secondary (Duration) yrs. mos. ds.
10 NAME OF Same & Ramshing	(Signed) W. Hayes Brown M. D. Aulg-29-1980 (Address) Septerson - MA
of Father (State or country) Walkersvelle . Ald	Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Helen D. Grass	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or country) Frederick, Md.	At place of death yrs mos ds. In the State yrs de.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Selin D. Snass	Former or usual residence.
(Address) Jefferson, Add	In It ander Memoral Date of Burial
15 Filed 29 July 1920 Dra) lucluly	20 UNDERTAKER Lordon Offlison
If more banks are needed, address State Hegistrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemon, etc. But in many fulness of various pursuits can be known. The queswhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of equation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the DISEASB CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pheumonia, Bronchopneumonia ("Pneumonia,")

"(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory". diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train Whooping American Medical Association.) "Atrophy." "Collapse," "Coma," FOR VIOLENT DEATHS STATE MEANS OF INJURY by Committee on Nomenclature cough; Chronic affection need not be etc. The contributory valvular heart " "Convulsions, disease;

If this certificate is 1 oked over thoroughly and a.I que tions answered in defail, it will prevent further correspondence. At the data is essential and must be obtained before the certificate is permanently filed.

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	CORD	so that it may be properly classified. Exact nuclous on hack of certificate.
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FOR BINDING	PERMAN	should be
FOR 1	IS A	so that

	PLACE OF DEATH	
	ounty In deid	
	Myersvilley	
Vil	age or City (No.	
	2FULL NAME LIZZIE ES	telle
	PERSONAL AND STATISTICAL PARTICULA	RS
3 5	emal Acolor or RACE SINGLE, MARRIED, Man WIDOWED, OR DIVORCED (Write the word)	uid
6 E	ATE OF BIRTH	
	(Month) (Day)	1858 (Year)
7 A	7/ 9	LESS than layhrs. min.?
P Q b	CCUPATION) Trade, profession or intricular kind of work) General nature of industry isiness, or establishment in hich employed or (employer)	
9 E	(State or country) Maryland	
	FATHER JON Buhrman	ms
ENTS	OF FATHER (State or country) Manufact (State or country)	
PARE	OF MOTHER	zakn
	13 BIRTHPLACE OF MOTHER (State or country) Mornigles	nd
14	(Charles). Grossnickel)	J.
	(Informant) Colorates O o Minis	nel

01655 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.:	Ward)	a hospital	occurred in or institu- ts NAME in- street and
~			

	MEDICAL CERTIFICATE OF DEATH
-	16 DATE OF DEATH Jele 7, 1930
1	A (Month) (Day) (Year)
Ì	17 I HEREBY CERTIFY, That I attended the deceased from
	Jay 20 1930. to Jak 7 1980.
	that Plast saw her alive on Jele 7. 5:00 tus 19238,
	and that death occurred on the date stated above, at Dillem,
	The CAUSE OF DEATH * was as follows:
I	Devility of Blood 16 DDE 15
	arterisellerodia with Euledi
	in brain VEDAELS. Cere bral Pottering
	1 Orally 16 BOE 13. CLYE BY all Seglanding
	TETULINAL MENULLEUR (Duration) yes. mos Tides.
	Contributory LOW 12/000 TEDBUXE
ı	Secondary arterioselerosis
1	(Duration) yes, mosds,
	(Signed) M.D.
	Jul 0 1950 O(Address) / 14675 YILE WX
	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
-	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	ients or Recent Residents)
	At place In the of deathyrsmosds, Stateyrsmosds,
	Where was disease contracted, if not at place of death?
	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
/	Murillo 4 B Cometay (FEb. 10. 1930
	20 UN DERTAKER ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

03

WRITE

(Address)

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmen (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Gook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons en-Housemaid, etc. If the occupation has been changed first line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation-(b) Automobile factory. The material Grocery,

Statement of Cause of Death—Name, first, the DISA EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiant fever (the only definite synonym is "Epidemic cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

setartus) may be stated under the head of "contributory." (Recommendations on statement of cause of death American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on carpplic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. (secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Aecidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease Never report mere symptoms or terminal condi (name origin; "Cancer" is less definite; avoid cough; 'Congenital," "Senile," etc.), "Dropsy,"," "Heart failure," "Haemorrhage," Chronic chopneumonia (secondary) The n ture of the injury, affection need etc. The contributory valvular heart Nomenclature not be disease;

and this certificate is looked over thoroughly and all questions and were did detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1830

V. S. No. 1

5	cate	
	N. BEvery item of information should be carefully supplied. ACE should be stated EXA. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classtatement of OCCUPATION is very important. See instructions on back of eertificate	
7 7 7	sta pro	
711	be be	
Gran	uld nay ba	
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	PLACE OF DEATH County Frederich	O1654 STATE OF MARYLAND CERTIFICATE OF DEATH
	within the Dors All.	Registration Dist. No./3/
incaro:	Village or City Frederick (No. 43 & 3) 2FULL NAME Jashua Pomenus	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
8	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
aon	3 SEX 4 COLOR OR RACE SINGLE, MARRIED Menced WIDOWED. Male White (Write the word)	16 DATE OF DEATH Hebrusy 4 th, 1930 (Month) (Day) (Year)
2	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
613	(Month) (Day) (Year)	192 . to
TON HOLL	7 AGE 75 yrs. / mos. 25 ds. or min.?	and that death occurred on the date stated above, at 10.30 Am. The CAUSE OF DEATH * was as follows: Broken neck and severance.
7 0	(a) Trade, profession or particular kind of work Carpenter (b) General nature of industry business, or establishment in which employed or (employer)	of spinal Cold Suicide Hanging . Cen & Rober
	9 BIRTHPLACE (State or country) Maruland	Contributory Secondary (Duralign) yrs
10000	10 NAME OF FATHER David Grossnichle	(Signed) Athorn of Denneth Many Sand
	C (State or country) Maryland 12 Maiden Name	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	OF MOTHER 13 BIRTHPLACE OF MOTHER (State on Country) Mo arriband 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ients or Recent Residents) At place of death yrs mos ds. Where was disease contracted, if not at place of death
	(Informant Mors Carrie Grossricht	Former or usual residence 4.3 Cast & radio Frederick
	(Address) 43. 6. Third St.	Beaver Dam Lour Feb 7, 1930
	15 Filed 7 - Feley 198 & Dray Welling	Thomas J. Bice Frederick
	If more blanks are needed, address tate Kegistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

112 31

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the pissease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-spinal fever (the only definite synonym is "Epidemic cerebro-spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid -- probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping cough; American Medical Association.) (Recommendations on statement of cause of death Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic etc. The valvular heart disease; Nomenclature of the contributory

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PLACE OF DEATH County Frederick

STATE OF MARYLAND CERTIFICATE OF DEATH

		Registra	ation Dist. No. /&/
Vill	lage or City <u>Frederick</u> (No. <u>Frederick</u> 2FULL NAME <u>Miss. Cora M. Grove</u>		Ward) (If death occurred is a hospital or institution, give its NAME in stead of street and number.)
4-7-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFIC	ATE OF DEATH
3 s	MARRIED, Single Wildowed. White White Single Wildowed. OR DIVORCED (Write the word)	100.00000000000000000000000000000000000	ber 14, 30 , 192
6 0	August 4th., 1879 (Month) (Day) (Year	17 I HEREBY CERTIFY, Tha	t I attanded the deceased from
7 A	51 2 10 If LESS th	rs. The CAUSE OF DEATH * was as followers	
() P () b W	DCCUPATION a) Trade, profession or Clerk articular kind of work b) General nature of industry Dry Goods Store susiness, or establishment in which employed or (employer) SERTHPLACE (State or country) Maryland.	Pox oferation Contributory Secondary (Duration	S Cing S Dyo K rice de
S	10 NAME OF FATHER Ruben E. Grove. 11 BIRTHPLACE OF FATHER	(Signed) (Address) Fr *State the Disease Causing	Donth on in donthe from
PARENT	(State or country) Md. 12 MAIDEN NAME OF MOTHER Katie Mercer. 13 BIRTHPLACE OF MOTHER (State or Country) Md.	Yiolent Causes, state (1) Means Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For ients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,	of Injury and (2) Whether
14	J. Harry Grove,	if not at place of deeth? Former or usuel residence.	St. Fresh
15	(Address) Frederick, Md.	Mt. Olivet Cem., Fred.	oct. 16, 30 ADDRESS Frederick, Md.

If more bianks are needed, address State Ragiorar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more previous of the laborer, Farm laborer, Laborer—Coal mine, etc. Wom-laborer, Farm laborer, Laborer—the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-

Typhoid fever (never report "Typhoid Pneumonia"); spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospina to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISpneumonia, Bronchopneumonia ("Pneumonia,

> approved telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. For VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid by Committee on Nomenclature Example: Measles (disease valvular heart disease; etc. The contributory Measles;

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is If this pertificate is looked over thoroughly and all questions

permanently filed.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesmon, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. sary to know (a) the kind of work and also (b) the eupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm loborer, Loborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective cf whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvont, Cook, Housemoid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Locomotive engineer, As examples: (o)

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

> st_ted unless important. tetonus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "E.:haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), (secondar; or intercurrent) affection need not be st.ted unless important. Example: Measles (disease Whooping cough; approved by Committee on Nomenclature of the carbolic acid-probably suicide. The n_ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railwoy troin-Never report mere symptoms or terminal condi-Chronic valvular heart diseose, etc. The contributory

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3	Exa	
VI	D .	-

PLACE OF DEATH County Frederick

Within the Corporate hour

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

	oty Frederick) •	St:Ward)	a hospital	occurred in or institu- its NAME in- street and
PERS	ONAL AND STATIST	ICAL PARTICU	LARS	MEDICAL (CERTIFICATE C	F DEATH	
3 SEX male	4 COLOR OR RACE	SSINGLE, MARRIED, MAI WIDOWED. OR DIVORCED (Write the word)	rried	16 DATE OF DEATH	December (Month)	31,	, 1920 (Year)
6 DATE OF E	BIRTH Ma pch (Month)	(Dsy)	., 1 870 (Year)	that I last saw h ha ali	ve on Alex	3/4	, 192 ,
7 AGE	60 9	1	If LESS than I dayhrs. ormin.?		was as follows:	My	
particular (b) Genera business, o which emp 9 BIRTHPLA (State or 10 NAME FATHE OF FA Z U 11 BIRTH OF FA Z U 12 Mole	e of Ruben E. Gro	ve•		Contributory Secondary (Signed) *State the lissas Violent Causes, state Accidental, Suicidal or H 18 L'NGTH OF RUSIDI ients or Recent Reside	address) Desth, (1) Means of Incomicidal.	or, In de jury and (M. D esths from 2) Whether
(Stat	OTHER FOR COUNTRY) Md	T OF MY KNOWL	EDGE	At place of deathyrsmos Where was disesse contracted in not at place of death? Former or usual residence	d,	edispoli.	nos,ds
(A	anti Robert L. gr ddress) Frederick) h. a C	Registras	Mt. Olivet Cem. 20 UNDERTAKER M. R. Etchison	Fred.	Jan. 3	ick, Md.

If more b.anks are needed, addre.s : tate registrar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (6)

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same discase. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia");

> American Medical Association.) telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal condist_ted unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n_ture of the injury, Examples: Accidental drowning; Struck by railway traintions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar, or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; Chronic valvular heart disease; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJULY Committee on Nomenclature of the Example: Measles (disease etc. The contributory

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Sprinner, (b) Cotton will; (a) Salesman. (b) Grocery; (a) Forenan, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g. . Farmer or Plunter, fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of tweed 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, played, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a tuborer Furm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, Physican, whatever, write None. report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day Compositor, For persons who have no occupation mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever** (the only definite synonym is "Epidemic cerebrosinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever** (never report "Typhoid Pneumonia"); *Lobar pneumonia, *Bronchopneumonia** ("Pneumonia,")

atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tetanus) may be stated under the head of "contributory." "PUERPERAL septicacmia," "PUERPERAL peritonitis, "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perdonaeum, etc., Careinomu, Sarcomu,, etc., of (name origin; "Cancer" is less definite; avoid earbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, aecident; Revolver wound of head-homicide; Poisoned by Whooping approved by Committee on Nomenclature of the (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY resulting from childbirth or miscarriage as eough; Chronic Careinoma, etc. The contributory valvular heart discuse; Sarcoma,, etc., of " "Shock," Measles ;

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REAU V

	PLACE OF DEATH County Frederick
v	illage or City Bertholow (No.
certificat	²FULL NAME
cer	PERSONAL AND STATISTICAL PARTICULARS
3	Male A COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
6	DATE OF BIRTH (Month) (Day) (Year)
7	O yrs. O nios. ds. or O min.?
8	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Manyland
	TO NAME OF Raymond Due
SEN	11 BIRTHPLACE OF FATHER (State or country)
	12 MAIDEN NAME
PARE	
P	
PAR	OF MOTHER Florence Paristing 19 BIRTHPLACE OF MOTHER Maryland
PAR	OF MOTHER Storence Americans 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) C. P. Rowfo
PAR	OF MOTHER Florence Americans 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) (Address)

The CAUSE OF DEATH * was as follows:

Secondary

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

	Jst.: V	vard) a hospit	h occurred in al or institu- e its NAME is - of street and
MEDICA	L CERTIFICA	TE OF DEAT	Н
16 DATE OF DEATH	Jan	- 19	, 1930
17 I HEREBY ((Month)	(Day)	(Year)
17 I HEKEBI		I attended the	
that I last saw h	alive on	***************************************	

	2.	A	t		
, 4	till 1	Low	my	ant	_
from	eight	Low	utte	kra 9	ance
7			n)yı		
Contribut		(Duration	n)yı	8,no	S.,

*State the Fiscase Causing Death, or, in deaths from Causes, state (1) Means of Injury and (2) Whether Violent Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE		Institutions,	Tran
ients or Recent Residents)			
At place of deathyrsds	In the State	yrsmos.	d

Where was disease contracted, if not at place of death?.....

Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL

Marvin Chapel	5
20 UNDERTAKER	40

If more blanks are needed, addre s Stato Registrar, 16 W. Saratoga St., Balto., Requesting V. S. Ao. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs. state occupation at beginning of illness. If retired from whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocr," etc., Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE ("NUSSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal force (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping cough; Chronic valuntar heart disease; Chronic interstitial nephritis, etc. The contributory "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condietc. The contributory

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PLACE OF DEATH County Frederick	O9237 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. /34
Village or City Euchslung (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Quest 23, 19230 (Month) (Day) (Year)
6 DATE OF BIRTH Date . 31 , 1855 (Month) (Day) (Year)	that I last saw h alive on ever 23 192
7 AGE If LESS than I day hrs. 1 day hrs. or min.? 3 Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Localer	and that death occurred on the date stated above, at 140 C.m. The CAUSE OF DEATH * was as follows:
9 BIRTHPLACE (Stats or country) Waryford 10 NAME OF FATHER Peruhold / Halm 11 BIRTHPLACE OF FATHER (State or country) Austria 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE 13 BIRTHPLACE	Contributory Supplied Light Secondary (Diration) Transition M. D. May 23 19230 (Address) Secondary *State the Disease Causing Death, or, in deaths from Violent Causes, stats (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 13 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transitions or Recent Residents) At place In the 7
OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) (Address)	of death 25 yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence dand Place of BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL Lug 26, 1930
If more b.anks are needed, addre.s tate Negistral	20 UNDERTAKER 20 UNDERTAKER ADDRESS Consistency of the state of the

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laborer, tired 6 yrs). should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Compositor, Architect, who are engaged in the duties of the For persons who have no occupation Locomotive engineer, The ques-

Strtement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

> (Recommendations on statement of cause of "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Drepsy," "E:haustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuliv diseases tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, Whooping cough; Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic and consequences (e.g., sepsis, etc. valvular heart disease; The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No. >

PLACE OF DEATH	STATE OF MARYLAND
County Frederick	06701 CERTIFICATE OF DEATH
, ,	Registration Dist. No. /2/
Village or City Frederick (No. at4 F	Ospital, St.: Ward) Ward) A hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH June 7, 1980 (Month) (Day) (Year)
Dec 6, 1911	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h & alive on June 6, 1920
7 AGE	
8 yrs. 6 mos. ds. or min.	
(a) Trade, profession or particular kind of work	acute nephretis
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duratign) × yrs. × mos. 2
BIRTHPLACE	Contributory Secondary
(State or country)	(Duration) X x x mos/)
10 NAME OF	(Signed) tune Wir m A mich M.
FATHER Tra. Farver	
OF FATHER	Mine 7 198 30 (Address) It reduces Mg
(State or country) Maryland	*State the Use ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Pearl Burrier	10 L'NGTH OF RESIDENCE (For Hospitals, Institutions, Francients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State of Country) Manual (State of Country)	At place of death
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
(Informant) Tha Garber	Former or usual residence Letylorm Ing
(Address) Liberty Town md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MILE OF BURIAL JUNE 10, 19 3
5 Filed 9 - Nine 1980 Ja. / Luchudes	20 UNDERTAKER ADDRESS
Filed 9- Mil 1980 Ma. William Registral	Mys R. G. Listing Walkersville

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specimeavour in laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Sulesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e.g.. Farmer or Planter, tion applies to e.ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement.

Never return "Laborer," "For man," "Manager," "Deal-For many occupations a single word or term on especially in industrial employments, it is neces-Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL pertionitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary Chronic interstitial nephritis, Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) approved by Committee on Nomenclature of the "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be ess important. Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(If death occurred in

a hospital or institu-

tion, give its NAME in-stead of street and

DATE OF BURIAL

number.)

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Doy Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, report specifically the occupations of persons en-Foremon, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) Grocery; mon, (b) Automobile factory. The material For persons who have no occupation

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Meosles; inges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menletonus) may be stated under the head of "contributory." "PUERPERAL scplicaemia," "PUERPERAL perilonilis," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar) Whooping cough; Chronic valvulor heart disease; Chronic interstitial nephritis, etc. The contributory (Recommendations on statement of cause of occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Examples: Accidental drowning; Struck by railway troinand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be Example: Measles (disease

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1	*	PHYSICIANS	Exact statement of
	RECC	EXACTLY.	sified. Exa
BINDING	IS IS A PERMANENT	AGE should be stated EXACTLY.	t may be properly classified.
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0	co	A	4

PLACE OF DEATH County Frederick			STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / 3		
Village or City Urbs		a Louise Haines		St.;Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AN	D STATIS	TICAL PARTICULARS	ME	DICAL CERTIFICATE	OF DEATH
	R OR RACE	S SINGLE, MARRIED, Widowed OR DIVORCED (Write the word)	16 DATE OF DEAT	(Month)	13 , 19 80 (Day) (Year)
7 AGE	August (Mo	25 , 7 850 (Year) If LESS than 1 day, hrs. OR min.?			24. 3, 1912. 1982, tated above, at 44.52m. ws:
OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of indust business, or establishment which employed (or employed) BIRTHPLACE (State or country)	ln .	Connecticut.	Contributory	(Duration)	yis mos 7 es
OF FATHER Burton Bradley 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME		(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) See See See See See See See See See Se			
of Mother M				18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death yrs. mes. ds. State, yrs. mes. ds. Where was disease contracted,	
	J. E.	Townsend	if not at place of dea Former or wsual residence	h ?	
15	bury,	Connecticut. Oppmelsichter	Freder: 20 UNDERTAKER G. W. P	ick, Maryland	Oct. 16 ., 19:30. Address Fred. Jct., Md.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," Compositor, Architect, For persons who have no occupation whatever The material worked on may form part Locomotive engineer, If retired from The question (b) Auto-

Statement of Cause of Beath—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrobrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."); Lobar pneumonia. Branchopneumonia ("Pneumonia," unqualified. is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deates to determine definitely. Examples: Accidental drowning; SUICIDAL, of HOMICIDAL, or as probably such, if impossible state means or injury and qualify as accidental, birth or miscarriage as "Puerperal septichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. "Tumor" (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., ('urcinoma, Sarcoma, etc., of..... Always qualify all diseases resulting from ehildfor mulignant neoplasms); Measles; Whooping The contributory (secondary or intercur-"Atrophy," ("Con-

Rth's certificate is looked over thoroughly and all questions ankwered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH . STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist No. (If death occurred in Ward) EXACT y class a hospit I or instituproperly classificates tion, give its NAME i -stead of street and number.) stated PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 0 SSINGLE, MA 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH 0 50 may be n back WIDOWED OR DIVORCED onid (Write the word) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from ACE nstruction (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: or min.? 8 OCCUPATION (a) Trade, profession or 9 particular kind of work pia (b) General nature of industry abusiness, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE (State or country) DA D III .. (Duration) OB 10 NAME OF 31 0 (Address) II BIRTHPI ACE O USE W ENT *State the Disease Causing Death, or, in teaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. TION (State or country CA 2 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transinform n. ients or Recent Residents) should state 13 BIRTHPLACE At place In the OF MOTHER of death yrs.....ds. State yrs ds. (State or country Where was disease contracted, KNOWLEDGE if not at place of death? Every Item CIANS sho statement usual residence DATE OF BURIAL If more banks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting

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(Approved by U. S. Census and American Public Health Association.)

definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more province, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) Gracery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scream, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken househeld only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (rewhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons en-For many occupations a single word or term on For persons who have no occupation Architect, Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "PUERPERAL septicacnia," "PUERPERAL peritonitis," etc. "Inanition, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Mcasics (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on telunus) may be stated under the head of "contributory." carbolic acid-probably sucide. The neture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping cough; (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainas fracture of skull, "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, or intercurrent) affection need not be " "Marasmus, " "Old Age, " "Shock," Chronic valvular heart disease; and consequences (c. g., separs, etc. The contributory Nomenclature of the

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PLACE OF DEATH County Frederick Within the Co	13791	CERTIFICATI	MARYLAND E OF DEATH Dist. No. / 3/
Village or City Frederick (No. 15.	Third St.	St.: Ward	
PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, Married WIDOWED. Female White OR DIVORCED (Write the word)	16 DATE OF DEATH	Nov.	20 , 1920 —(Day)(Year)
June 29th. , 867. (Month) (Day) (Yea	that I last saw held	1920 . to 7	tended the deceased from
7 AGE 63 5 19 ds. or m	hrs. The CAUSE OF DEAT		d above, at
(a) Trade, profession or Housewife particular kind of work. (b) General nature of industry usiness, or establishment in which employed or (employer). 9 BIRTHPLACE (State or country)	Conscibutory J.	(Duration)	tin of Heart
OF FATHER Charles A. Gilson. OF FATHER Construction of Charles A. Gilson. OF FATHER Construction of Charles A. Gilson. OF FATHER Construction of Charles A. Gilson.	*State the Divident Caus s, st Accidental, Suicidal	or Homicidal.	I or, in deaths from Injury and (2) whether
13 BIRTHPLACE OF MOTHER (State or country) Md. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ients or Recent Re	sidents) In the state of the st	
Marion C. Haller, (Informati) (Address) Frederick, Md.	Former or usual residence	L OR REMOVAL	DATE OF BURIAL
15 Filed 21 km, 1930 - No for Curt	20 UNDERTAKER		ADDRESS Frederick, Md.

If more branks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of cupation is very im ortant, so that the relative health. Statement of Oceupation-Precise statement of oc-Spinner, should be used only when needed. As examples: (a) Civil engineer, Studionary fireman, etc. But in many household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House* en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement.
Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Campositor, Architect, Lacomotive engineer, tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. guged in domestie service for wages, as Serund, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Housemaid, etc. If the occupation has been changed whatever, write Nanc. Foreman, or At Home, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-(b) Cotton mill; (a) Salesman. without more precise specification as Day (b) Automabile factory. The material and children, not gainfully em--Coal mine, etc. (b) Grocery; Wom-

Statement of Cause of Death—Name, first, the DISTERASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Crebros violation** (Trough definite synonym is "Epidemie cerebros sinal meningitis"); *Diphtheria** (avoid use of "Crough"); *Sinal meningitis"); *Diphtheria** (avoid use of "Crough"); *Lobur pneumonia**, *Bronchopneumonia** ("Pneumonia**); *Lobur pneumonia**, *Bronchopneumonia**, *Bronchopneumonia*

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stated unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory inges, perilonaeum, etc., Carcinoma, tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumaniu (secondary), (secondary or intercurrent) use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, carbalic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, approved by Committee on Nomenclature of the (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train taken. For violent deaths state means of injury State cause for which surgical operation was under-American Medical Association.) ... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiaffection need not be Sarcoma,, Measles; etc., of

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DEC 5 1930

	Exact	PLACE OF DEATH County Fracdwick	STATE OF MARYLAND CERTIFICATE OF DEATH		
	9	withful the Co.	Registration Dist. No. /2/=		
CORD	EXACTL) iy classifi ficate.	WiNess or City Frederick (No. 544 6.	Church St. 2. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)		
	coerti	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
NG	d he sta y be pro	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED Widowed OR DIVORCED (Write the word)	16 DATE OF DEATH Och (Month) 10 (Day) 30 (Year)		
BIND	E chould at it may ns on ba	6 DATE OF BIRTH Nov 9, 1846. (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Oct 10 1984 to death //10, 1983. that I last saw he alive on Oct 10 , 1984.		
D FOR	iled. AC	7 AGE If LESS than dayhrs. ormin.?	and that death occurred on the date stated above, at 7-30 Am The CAUSE OF DEATH * was as follows:		
WRITE AIN WITH LINEADING INK TH	In the control of the	OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Maryland 10 NAME OF FATHER (State or country) Moaryland 12 MAIDEN NAME OF MOTHER Country Moaryland 13 BIRTHPLACE OF MOTHER (State or Country) Moaryland 14 THE ASSAE IS TRUE TO THE BESTOF MY KNOWLEDGE (Address) SHH. E. Columber St	Contributory Secondary (Duration) (Duration) (Signed) (Signed) (Duration) (Signed) (Signed) (Duration) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Address) (Address)		
(7	CIA	15 COA 0 1 2 CO	20 UNDERTAKER ADDRESS		

If more banks are needed, addre. s tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. I.

Registra

20 UNDERTAKER

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salcsman. should be used only when necded. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Flanter, tion applies to e.ch and every person, irrespective ci cupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken Never return "Laborer," "For man," "Manager," "Deal-Physician, Compositor, Architect, worked on may form part of the second statement. report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injuny "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia, "" "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar) Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of death "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the duta is essential and must be obtained before the certificate is permanently filed.

Dr. Goodell.

County	Tedouch City Hosper	Jam: Elm	STATE OF MOCERTIFICATE Registration I St.: Ward)	OF DEATH
PERSO	ONAL AND STATISTICAL PARTICULARS	MEDI	CAL CERTIFICATE C	F DEATH
Jemal B DATE OF B	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) FRITH Fol 2 md 1	***************************************	(Month) EY CRTIFY, That I at	une 15 193 c.
	36 yrs. 4 mos. 13 ds or	SS than and that death occuments. The CAUSE OF DEA	ared on the cities stated at the was as sollows:	shove, at 330 m.
(b) General business, or	I nature of industry r establishment in loyed cr (employer)	Contributory	Bruchs-P	heumone
M 12 MAIDE V OF MO	PLACE THER e or country) EN NAME THER THER THER THER THER THER THER TH		Mustin (THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN 2 IN COLUMN
CONTRACTOR OF THE PARTY AND TH	THER Or country)	At place of death yrs	tesidents) In the state state structed,	Life mor ds.
(Informati	It more banks are needed, address State Re	if not at place of des Former or usual residence	apel Bulton, Regresting V. S.	June 181930 June 181930 Libertytoron

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health tion applies to each and every person, irrespective of should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g. Farmer or Plunler, Statement of Occupation-Precise statement of ocen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a state occupation at beginning of illness. If retired from guged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housenaid, etc. If the occupation has been changed whatever, write Nonc. Foreman, engineer, Stationary fireman, etc. But in many For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womyrs). For persons who have no occupation (b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal fever (the only definite synonym is "Epidemic cerebros inul meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure, "Shock," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinomu, Surcoma,, etc. of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), can be ascertained as the cause. Always qualify all Whooping State cause for which surgical operation was underapproved by Committee on tetanus) may be stated under the head of "contributory." carbolic acid-probably suncide. The nature of the injury, uccident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis American Medical Association.) Never report mere symptoms or terminal condicough; Chronic walvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B. Vevery Item of Information should be carefully supplied. ACE chould be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact CORD AINLY, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE

V. S. No. 1

PLACE OF DEATH	5433 STATE OF MARYLAND CERTIFICATE OF DEATH
County Tuntin	Registration Dist. No. 13.7
Village or City Lety tou No.	St.: Ward) (If death occurred a hospital or instit tion, give its NAME i stead of street ar number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Jan. 2 20, 1930 (Month) (Day) (Year)
G DATE OF BIRTH JAMOSE 20, 1850	A/ 4 -
(Month) (Day) (Year) 7 AGE 1	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration)yrs mos
10 NAME OF FATHER Marken of to Hammond	(Signed) Jas C. Sapping on M. 192 (Address) Tiberty line ma
OF FATHER (State or country)	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients r Recent Residents) At place of dea' yrs mos ds. State yrs mos d Where was disease contracted, if not at place of deah?
(Informant) E - F Burns	Former or usual readence
11 0 1 11	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) / Min Builty Med	Manager Committee of the committee of th

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken er," etc., without more precise specification as Day should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) For persons who have no occupation (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); "Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." as fracture of skull, and eonscquences (e.g., scpsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL State cause for which surgical operation was undercan be ascertained as the cause. causing death), 29 ds.; Bronchopmeumonia (secondary), (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; American Medical Association. Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Committee on Nomenclature of the Chronic etc. The contributory affection need valvular Always qualify all heart not be disease;

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V. S. No. 1

PLACE OF DEATH	13792 STATE OF MARYLAND
County The flesh DN	CERTIFICATE OF DEATH
Near Constown	Registration Dist. No.
Village or City (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Jacob andrew	tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 22, 19380 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Al id dus	Mov 19" 19\$0 to Flow 229, 19230
(Month) (Day) (Year)	that I last saw h remailive on Nov 2/", 19239
7 AGE If LESS than	and that death occurred on the date stated above, at
I dayhrs.	The CAUSE OF DEATH * was as follows:
95 yrs. 9 mos. 9 ds. or min.?	Cartist Humming from
B OCCUPATION (a) Trade, profession or Para A Hannes	Chique ludy cardiles
particular kind of work sums and and work b) General nature of industry	
business, or establishment in	Durstion) yrs mos 3 ds.
which employed or (employer)	Contributory Chronic Orlenal
BIRTHPLACE (State or country)	Sclervs (Duration) & from mos. de.
I 10 NAME OF	Me . A Brick
FATHER Frederick Hankey	(Signed) M. D. Mr 22 1978 (Address) Thursday M. D.
OF FATHER Z (State or country)	*State the Liscase Causing Death, or, in deaths from
ш	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER amandar Germand	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the State yrs
(State on Country)	Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Mus Isabella Hanky	usual residence
4/1 + 0/1 1/1/1	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) dhurmont Md. R.E.	Creagerstown and how 24, 1930
15 Filed Nov. 23 188 1 Ama 11 Jones	20 UNDENTAKER ADDRESS
Registrat	Willhide & Greeger Thurmonh
If more banks are needed, address Ltate Kegistra	r, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farner report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on American Medical Association.) (Recommendations on statement of cause of death Lelanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. (secondary Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Examples: Accidental drowning; Struck by railway train— "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condior intercurrent) affection need not be ass important. Example: Measles (disease valvular heart disease; etc. The contributory Nomenclature of the

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	PLACE OF DEATH	08019	STATE OF MARYLAND
	County Trederick		CERTIFICATE OF DEATH
		(N3)	Registration Dist. No. 134
Vi	Mage or City Emuls bug (No.		St.: Ward) (If death occurred in a hospital or institu-
	2FULL NAME Betty Warger	et Harb	tion, give its NAME is stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDIC	CAL CERTIFICATE OF DEATH
3	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH	July 23, 1930 (Month) (Day) (Year)
6	DATE OF BIRTH WOW 15 1978	17 I HEREBY	CERTIFY, That I arrended the deceased from
	(Month) (Day) (Year)	that I last saw h	alive on July 22, 19230
7	AGE [If LESS than	and that death occur	rred on the date stated above, atm.
	/ 8 S I dayhrs.	The CAUSE OF DEA	TH * was as follows:
-	/ yrs. 0 mos. 0 ds. or min.?	Al-	1.1.
柳	a) Trade, profession or work	000	Courts
m ?	b) General nature of industry		
\$;	ousiness, or establishment in Arford which employed or (employer)	Contributory 9	notro Intertinal Indicate
9	(State or country) Wayloud	Secondary	a (Dadion) va 3 mas da
	10 NAME OF STATES	(Asped) 13700	ke J. Jameson M.D.
10	11 BIRTHPLACE	July 2.3 1921	(Address) Immilsoury he
ENTS	OF FATHER (State or country) Wayford	*State the I Violent Causes, s Accidental, Suicidal	Disease Causing Death, or, in deaths from tate (1) Means of Injury and (2) Whether or Homicidal.
PAR	OF MOTHER Bertha anderson		SIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of deathyrs	In the State yrs ds.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease con-	h?
	1) \$6	Former or usual residence	
	(Informant) brunch Horbargh	19 PLACE OF BURIA	L OR REMOVAL DATE OF BURIAL
	(Address) frunts burg red	Emitor	has red are ut 1930
15	Filed Anly 24 1950 MI F. Shull	20 UNDERTAKER	ADDREAS
-	Freal Registra	w. J.	Things of formats buy buy
	If more b.anks are needed, addre.s tate Negistrar	, 16 W. Saratoga St.,	Balto., A Aquesting V. S. No. 1.

(Approved by U. S. Census ɛnd American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefere an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day

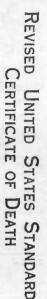
Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

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Villa	2FULL NA	ME Rola	end 8	wift	Harbas	St.: War	d) (If death occurred a hospital or instition, give its NAME stead of street a number.)
	PERSONAL A	ND STATISTI	CAL PARTICU	LARS	MEDICA	L CERTIFICATE	OF DEATH
3 SE	Vale 1	While	5 SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word)	nugle		(Month)	(Day) (Year)
6 DA	ATE OF BIRTH				17 I HEREBY	CERTIFY, That I a	ttended the deceased fr
		3	4	, 1930			, 192
		(Month)	(Day)	(Year)			, 192.
7 AG		yrs	mos. — ds.	If LESS than I day hrs. or min.?	and that death occurr		Labor,
y (b) bu) Trade, profession ticular kind of volume to the control of volume to the control of the contro	of industry hment in			Contributory	(Duration)	yrsmos
y par (b) bur wh	ricular kind of v.) General nature isiness, or establishich employed or (RTHPLACE (State or country)	of industry hment in			Contributory Secondary	(Duration)	
pa: (b) bu: wh	orticular kind of v.) General nature isiness, or establishich employed or (State or country) 10 NAME OF FATHER	of industry hment in	Suith,	Harbou	Contributory Secondary	(Duration)	yrsmos
SLV	nticular kind of v) General nature siness, or establis hich employed or (RTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country)	of industry hment in (employer) Complete Com	Suith,	Harbou	Contributory Secondary (Stened) 1934 *Stato the l is Violent Causes, sta	(Duration) (Address) (Address) (Address) (Address) (Address) (Address)	
Day (b) Strugger	orticular kind of v.) General nature isiness, or establishich employed or (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	of industry hment in (employer) Complete Com	Suitle;	Harban	(Signed) 1936 *Stato the list Violent Causes, state Accidental, Suicidal of	(Address) Deat to (1) Means of r Homicidal.	oll M
PARTINITS based on the second of the second	orticular kind of v.) General nature isiness, or establishich employed or (Notate or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	of industry himment in (employer) Claude Fy) Way	Swith,	Harban	*Stato the list Violent Causes, sta Accidental, Suicidal of the Length OF RES ients or Recent Res At place of dea' yrs	(Address) Death of Each of Eac	h, or, in deaths from Injury and (2) Whether pitals, Institutions, Tr.
PARTINITS based on the second of the second	nticular kind of v.) General nature isiness, or establishich employed or (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAMI OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	of industry himment in (employer) Claude Fy) Way	Swith,	Harbour Contract of the second	(Stried)	(Address) Death of the (1) Means of Homicidal. IDENCE (For Hospidents) In the State of State	h, or, in deaths from Injury and (2) Whether pitals, Institutions, Tr.
PARTINITS based on the second of the second	orticular kind of v.) General nature isiness, or establishich employed or (Notate or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	of industry himment in (employer) Claude Fy) Way	Swith ; Ud, Cean for yd, OF MY KNOWLE Tyloco Tyloco	Harban if ((Stened)	(Address) Death of the (1) Means of Homicidal. IDENCE (For Hospidents) In the State of State	h, or, in deaths from Injury and (2) Whether pitals, Institutions, Tr.

MARYLAND



(Approved by U. S. Census and American Public Health Association.)

. gaged in domestic service for wages, as Servant, Cook, loborer, to report specifically the occupations of persons enstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Solesmon. (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken loborer, Furm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., without more precise specification as Duy Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stotionary fireman, etc. But in many Physician, the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Foreman, or At Home, and children, For many occupations a single word or term on Compositor, Architect, For persons who have no occupation Locomotive engineer, not gainfully em-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Diphtheria (avoid Pneumonia,"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Corcinoma, Sarcoma, etc., ol approved by Committee on Nomenclature of the as fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicoemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmenmonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-Whooping (Recommendations on statement of cause of death Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease; not be

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business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocguged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, tion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write Nonc. to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery;
 man, (b) Automobile factory. The material (b) The ques-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); Measles; inges, perionaeum, etc., State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetunus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisomed by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury diseases resulting from childbirth or miscarriage as "Inanition, Whooping cough; American Medical Association.) approved by Committee on (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all Never report mere symptoms or terminal condiinterstitial nephritis, or intercurrent) affection need not be " "Marasmus," "Old Age, Chronic Carcinoma, Sarcoma, etc., of valendar heart disease; etc. The Nomenclature of the contributory " Shock," (disease

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3 No. 1

County & redesich	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 13/7
Village of City Firederick (No Moonter) 2FULL NAME Emma 6. Hoa	tion, give its NAME II -
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Lely 26 , 1980 (Month) (Day) (Year)
6 DATE OF BIRTH ### 27 , 1864 (Month) (Day) (Year)	that I last saw halive on
7 AGE 16 LESS than I day hrs. or min.? 8 OCCUPATION (a) Trade, profession or	The CAUSE OF DEATH * was as follows:
(a) Irade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration) yis mos ds. Contributory Secondary (Duration) yis mos ds.
10 NAME OF FATHER Samuel Mounthower 11 BIRTHPLACE OF FATHER (State or country) Maryland	State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Oligabeth Brown 13 BIRTHPLACE OF MOTHER (State or Country) Monules	At place 2 mos. 4. ds. State 6 yrs. 2 mos. 2 ds. Where was disease contracted,
(Informant Mors Mary 6. Brightwell (Address) 30 W. Patrick St	Former of usual residence 3 & O. Ave. Frederick. Med. 19 PLACE OF BURIAL OF REMOVALLE No. Transporte Date OF BURIAL No. Transporte Luly 28, 1930.
Filed 28 July 1980 Baj Welucly Registral	Thomas Ja Roice Woodwich
If more b.anks are needed, addre. s : tate Megistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

.Spinier, (b) Collon mill; (a) Salesman. fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective cl ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specimenous as the laborer, Farm laborer, Laborer—Coul minc, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who rcceive a worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meninaitis"); Dinhiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (secondar or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," (E:haustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Com2," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), lelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainapproved by (Recommendations on statement of cause of death American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Committee on Nomenclature of the Chronic valvular heart disease; etc. The contributory Always qualify all

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8 No. 1

(County Frederick	Within the Corpor	129	STATE OF CERTIFICAT Registration	E OF D	
Vill	lage or City Frederick 2FULL NAME Sch	(No. 125 E. Patri		St.:Ward	tion, give	h occurred i al or institu e its NAME in of street an
	PERSONAL AND STATIS	STICAL PARTICULARS	MEDIC	AL CERTIFICATE	OF DEAT	Н
3 SI		SSINGLE, MARRIED, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH	July (Month)	2nd.	1930 192
	ATE OF BIRTH December (Mon	nth) (Day) (Year)	that I lost saw h	CERTIFY, That I	uly 2	deceased from 1923.
7 AG	79 grs. 6	lf LESS than l day hrs or min.	The CAUSE OF DEAT	//	ed above, at	, h-
) (a	CCUPATION a) Trade, profession or Presi	ue no	- yerns mig	MIT JUL	ur uy	
) bu wl	o) General nature of industrys as usiness, or establishment in hich employed or (employer)	ilo Mfg. Co.	Contributory	1 +	unu	•
bu wl 9 Bi	o) General nature of industry states or establishment in hich employed or (employer) IRTHPLACE (State or country) 10 NAME OF FATHER Samuel Harg	ilo Mfg. Co.	(Signed)	sterio el	Gear	•
SEZW 9 BI	o) General nature of industrys as usiness, or establishment in hich employed or (employer) IRTHPLACE (State or country) Maryl 10 NAME OF	and	(Signed) 197	Austin	Gear Cueix,	mos de
(b) bu wl 9 Bi	o) General nature of industrys is usiness, or establishment in hich employed or (employer)	and gett	(Signed)	(Address) Death ate (1) Means of I or Homleidal. SIDENCE (For Hospaidents) In the Stds.	Constitution of the control of the c	M. D.
PARENTS 8 BBI	O) General nature of industry 3 usiness, or establishment in hich employed or (employer)	and gett Surns	(Signed) State the Diviolent Causes, st Accidental, Suicidal 18 LENGTH OF RElients or Recent Re	(Address) Death ate (1) Means of I or Homleidal. SIDENCE (For Hosp aidents) In the State of I of I or I or I or I or I or I or I	Constitution of the Land	deaths from (2) Whether



(Approved by U. S. Census and American Fublic Health Association.)

laborer, Farm laborer, Laborer—Coal minc, etc. wom-en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer—Coal minc, etc. Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Ilaemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol approved by telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY Committee on Chronic valvular heart disease; etc. The contributory Nomenclature of the

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3 No. 1

>

N. B.

PLACE OF DEATH	01657 STATE OF MARYLAND
County Inderell	CERTIFICATE OF DEATH
A	Registration Dist. No. / 3/
Villago or City <u>Iselevich</u> . (No. Ireslev	(If death occurred in a hospital or institution, give its NAME instead of street and number.)
	mumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white, (Write the word)	16 DATE OF DEATH J. 14 , 1920
Olf. 14 (Day) 1930 (Year)	that I hereave how alive on July 14 1930, to July 14 1930, to July 14 1930, to July 14 1930,
7 AGE Atill - bosse ds. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	marile de la finale de la final
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs,ds.
9 BIRTHPLACE (State or country) Frederick. Ind	Contributory Secondary Oration yrs models.
10 NAME OF FATHER CLASS. W. H. Harman.	(Signed) M. D. Truck M. D. Treducisched
OF FATHER (State or country) Frederick Co. md.	*State the I lease Causing Death, or, in deaths from Violent Causes, state (1) Meana of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Place me mc alee.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Trederick Ces. Ind.	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ri not at place of dea h?
(Informant) Chag Im Hamond	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL A R Commenter of the 16 1930
15 Filed 13 - Teley 1920 Traf helicly Registry	20 UNDERTAKER Pan Shurmonh
If more b.anks are needed, addre.s htate pegistras	, 13 W. Saratoga St., Balto., Lequesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective cf whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return" Laborer,"" For man," "Manager," "Dealadditional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, worked on may form part of the second statement. ," etc., Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); In almaningitis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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If this certificate is looked over thoroughly and all qu stions

approved by Committee on Nomenclature American Medical Association.) unqualified, is indefinite); Tuberculosis of lungs, menst_ted unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Ilaemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar) or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as Chronic interstitial nephritis, "Atrophy," "Collapse," "Com2," "Convulsions, Never report mere symptoms or terminal condietc. The contributory

PERMANENT BINDING FOR K SI INLY, WITH UNFADING INK--THIS MARGIN RESERVED

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stated E properly of certific		PERSONAL AND STATISTICAL PARTICULARS
y be ack	8 5	4 COLOR OR RACE SINGLE, WARRIED, WIDOWED, OR DIVORCED (Write the word)
t ma on b	6 D	ATE OF BIRTH
(1)		Turale 8, 18
that tions		(Month) (Day) (
so t	7 A	If LES
0 -		77 yrs. O mos. 26 ds. or
0000	8 0	CCUPATION
su Se	D	Trade, profession or Alaemater
t ai	(1) General nature of industry
in pritan	bi	isiness, or establishment in hich employed or (employer)
ATH Impor	9 B	(State or country)
F DE		10 NAME OF John Harling
S Co	S	11 BIRTHPLACE
USI	Z	OF FATHER (State or country)
CA	ARE	12 MAIDEN NAME OF MOTHER TISS. Closso
orn ate	П	13 BIRTHPLACE
inf st Occ		OF MOTHER (State or Country) Verman,
of o	14	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
should ent of 0		(morning) Edward Starting
Sm		(Informant) Salvara Vartung.
AN		(Address) humataling und
いいない	15	500 1000 701 PVVV

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

NAME Peter J. Hartin	St.: Ward) a hospital or institu- tion, give its NAME in- stead of street and number.)
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE 5 SINGLE, WIRE OF DIVORCED (Write the word)	16 DATE OF DEATH April 4 , 1920 (Month) (Day) (Year)
Month (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 yrs. 0 mos. 26 ds. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH was as follows:
ssion or Shaemates	Spoplety
re of industry blishment in or (employer)	Contributory Attens valences Secondary
John Harting Euntry) Eermany	(Signed) 100 se
CE Leave Closson CE Leave Closson CHAPTER CONTROL CE LEAVE CONTROL CE LE LE LEAVE CONTROL CE LE LE LE LEAVE CONTROL CE LE	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs
Edward Lat	if not at place of death? Former or usual residence.
60 1980 Mitaly rul	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL April 7, 19 30 20 UNDERTAKER ADRESS The Real Fruitshing the
If more bianks are needed, address State Registral	r, 16 W. Saratoga St., Balto. Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative healththe first line will be sufficient, e. g., Farmer or Planter, Spinner, (b) Cotton mill; (a) Solesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neceslaborer, Farm Laborer, Locorer von min, of the en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, Farm laborer, Loborer-Coal minc, etc. Womyrs). without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation not gainfully em-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. Example: Measles (disease (secondary or intercurrent) affection need Whooping cough; Chronic volvular heart diseose; Chronic interstitiol nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., whon a definite disease tetanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all approved by Committee on Nomenclature carbolic ocid-probably sucide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, Or HONICIDAL, (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by rollway train-American Medical Association.) .. (name origin; "Cancer" is less definite; avoid peritonaeum, etc., Corcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

CORD

Every item of information should be carefully supplied. ACE should be stated EXACTLY, CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.

~/	set	PLACE OF DEATH
X	EX	County Frederick



STATE OF MARYLAND CERTIFICATE OF DEATH

	Within the Co		Registration D	ist. No. /3/
Vi	llage or City Frederick (No. Frederich)		Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CER	TIFICATE O	F DEATH
	sex 4 COLOR OR RACE SINGLE. Married White White OR DIVORCEO (Write the word)			
6	DATE OF BIRTH July 14, \$90	17 I HEREBY CERTIF	Y, That I atte	nded the deceased from , 192,
8 ()	JOCCUPATION a) Trade, profession or Laborer varticular kind of work b) General nature of industry b) General nature of industry value of complete or c	east of Frederick City,	ps follows: feeld it: on Sta Frederick	Coup - Intria the to Road, If miles O. md. Two autos
A.	BIRTHPLACE (State or country)	Contributorfided. Kaile Secondary	.//	Cws. oz.
ENTS	10 NAME OF FATHER To Hartsock 11 BIRTHPLACE OF FATHER (State or country) Md.	(Signed) 30 (Address 192 (Address Violent Causes, state (1) Accidental, Suicidal or Homici	ausing Death, Means of Inju	
PAR	12 MAIDEN NAME Annie Vanhorn OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE ients or Recent Residents) At place of deathyrsmosd	(For Hospital	0.0
14	(Informant) (Address) Frederick, Ma.	Where was disease contracted, if not at place of dea.h? Former or usual residence 19 PLACE OF BURIAL OR RE 11t Olivet Cem., Free		t Fleato Date of Burial Jan. 9, 30
15	Filed 7-) auruy 920 Doa Gellerle	20 UNDERTAKER M. R. Mtchison & S	1	ADDRESS rederick, Md.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Loborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (o) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH Howemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationory firemon, etc. But in many the first line will be sufficient, e. g., Furmer or Planter tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reguged in domestic service for wages, as Servont, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a er," etc., Physician, Compositor, Architect, Locomotive engineer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealespecially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Doy

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Lobar paeumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perdonitis," etc. stited unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meosles; American Medical Association.) and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railwoy troin-(secondary "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condior intercurrent) Chronic volvular heart discose; etc. The contributory affection need not be

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PLACE OF DEATH	STATE OF MARYLAND
County Mederal	CERTIFICATE OF DEATH
1110	2 Segistration Dist. No. 13/
Village or City Helle (No.	St.: Ward) (If death occurred in a hospital or inetits
2FULL NAME/// WY Chyp!	tion, give its NAME in stend of street en number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HIM A COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That attended the decessed for
(Month) (Day) (Year)	that I last saw ballio on the last saw ballion of the
7 AGE	and that death occured on the dete stated above, at I I I
yrs. mos. de or min.	The CAUSE OF DEATH * was es follows:
8 OCCUPATION (a) I rade, profession or	Min
particular kind of work	
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duretion) yrs
9 BIRTHPLACE (State or country)	Contributory Secondary (Duretion) yre
10 NAME OF FATHER	(Signed) M. [
11 BIRTHPLACE	192 (Address)
OF FATHER (State or country) (State or country)	*State the Discase Causing Death, or, in deaths from Violent Caus. s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homickial.
OF MOTHER CONTROLL	18 LENGTH OF RESIDENCE (For liespitals, Institutions, Tren
13 BIRTHPLACE	ients or Recent Residents) At place In the P. 1
OF MOTHER (State or country)	of death yrs mos ds. State State mos de
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Man Man Man	Former or usual residence 2318 3rd 25
(Informant) / M / Municipal /	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) The Sun Sun	Oak Hell com Freds co 14-July, 1034
15 Filed / 2. July 1980 Jac McCuyly	20 UNDERTAKER ADDRESS
Registre	Porell + albangle Litily mg
If more beenke are needed, address State Registrer	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer Farm laborer, Laborer—Coal mine, etc. Wom-V. er return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know Civil engineer, Stationary freman, etc. But in many Physician, Compositor, tion applies to each and every person, irrespective of thess of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, ...tion is very important, so that the relative health report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter Foreman, For many occupations a single word or term on especially in industrial employments, it is neceswho are engaged in the duties of the For persons who have no occupation (b) Automobile factory. The (a) the kind of work and also (b) the Architect, Locomotive (b) material engineer. Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Elamples: Cerebrospinal four (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia");

> stated unless important. Example: Measles (disease "Iraemia," "Weakness," etc., when a definite disease atic), "Atrophy" "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Semile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); tetanus) may he stated under the head of "contributory" "PJERPERAL septicaemia," "PUERPERAL peritonitis, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suncide. The n-ture of the injury, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, aceident; Revolver wound of head-homicide; Poisoned by Examples: Aecidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, American Medical Association.) (name perilonaeum, etc., Carcinoma, Sareoma,, etc., of perilonaeum, etc., Carcinoma, Sareoma,, etc., of perilonaeum, FOR VIOLENT DEATHS State MEANS OF INJURY Never report mere symptoms or terminal condicough; Chronic etc. valvular Nomenclature of the The contributory heart Measles disense,

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CORD

PLACE OF DEATH County Frederick	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No./3/
Village or City Jefferson (No. Jeffe 2FULL NAME Anna Corneliu	St: Ward) St: Ward) (If death occurred is a hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Qec _ 23 _ , 1930 (Month) (Day) (Year)
6 DATE OF BIRTH Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE	rs. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Pulmonary Edema
10 NAME OF FATHER OF FATHER (State or country)	(Signed) — (Signed) — (Address) — (Address
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER	*State the Disease Causing Doubth, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds.
(State or Country) Organica 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) House of Horsey	Where was disease contracted, if not at place of death? Former or usual residence
(Address) Lederich md. 15 Filed 24 Dec 1920 Joseph McCurly	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL LEGENDRE JO, 19 3 C 20 UNDERTAKER ADDRESS
Registrar If more branks are resided, address State Registr	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. I.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Housemaid, etc. If the occupation has been changed especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fover (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." stated unless important. unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

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V. S. No.

N. B.

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Filed

HYSI-Exact

PLACE OF DEATH County TALQUICAT WITHIR CORPOR	04293 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Brunswell No. 2FULL NAME ON WILL Darwin	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORDED (Write the world)	16 DATE OF DEATH (Month) (Day) (Year)
Month) (Day) (Year)	that I last saw h alive on 1970.
7 AGE Standard St	and that death occurred on the date stated above, at // Am The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHBLACE (Station country) 10 NAME OF	Contributory Secondary (Dyrstion) (Dyrstion) (Dyrstion) (Dyrstion) (Dyrstion)
FATHER 11 BIRTHPLACE OF FATHER (State Or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE PA	(Signed)
OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more bianks are needed, address State Registrar, 16 W Saratoga St., Balto., Requesting Y. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Civil engineer, Stationary fireman, etc. But in many cases. Compositive in infulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more present of the laborer, Rarm laborer, Laborer—Coal minc, etc. Womlaborer, Rarm laborer, among in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken For many occupations a single word or term on home, who are engaged in the duties of the For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; "PUERPERAL septicaemia," "PUERPERAL peritonitis, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; Chronic (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condivalvular heart disease, etc. The contributory Nomenclature

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PLACE OF DEATH County X Medicine	09239 STATE OF MARYLAND CERTIFICATE OF DEATH
m 111-4	Registration Dist. No. 132
Village or City//Addeloras (No. 2FULL NAME amanda 6.	St.: Ward) (If death occurred in a hospital or institution, give its NAME irstead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Lite Single, Married, Widowed. OR DIVORCED (Write the word)	16 DATE OF DEATH Quy 22 , 1930
6 DATE OF BIRTH 7 , 184	17 I HEREBY CERTIFY, That I extended the deceased from 1930 to ug 2 2, 19230,
(Month) (Day) (Year)	that I last say hely alive on
7 AGE If LESS than 1 day hrs. 6ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or	CulerColitis.
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Durstion) yrsds.
10 NAME OF STEEL Mise	(Signed) Harf M. D.
OF FATHER (State or country) Mayland	*Stare the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country) Menows	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Add css) Ballow, Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Meddletown, Md. Aug. 14, 19.30
15 Filed Que 23 1980 D Frayen Sauces	Dir Hadhell Middlelown,
If more banks are needed, address State Kegistran	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*laborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salesmon, (b) Grocery;man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation If the occupation has been changed -Coal mine, etc. Wom-

Strtement of Cause of Death—Name, first, the DISEAN: EAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever—(the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. American Medical Association.) carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, Examples: Aecidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid Chronic webular heart disease, ," "Coma," "Convulsions,

If this certificate is looked over thoroughly and a l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Year)

If LESS than

I day hrs.

Registra

If more bianks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.:	Ward)	(If death oc	
		a hospital or	NAME in
		stead of str	eet and

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH DEC. 23 , 19:30
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from
that I last saw h alive on Dec. 23. 1923
and that death occured on the date stated above, at 5 m
The CAUSE OF DEATH * was as follows:
Parulyais
(Duration) yis mas 23
Contributory Secondary
(Duration) yrs mos
BATE
(Signed) M, D
Dec. 24 192 MAddress Inderite, and
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homleidal.
18 LENGTH OF RESIDENCE (For Pospitals, Institutions, Trans
ients or Recent Residents)
At place of death yrsmos. ds. hate Life mos. ds
Where was disease contracted, if not at place of death?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Doubs Trongord Dec. 26, 30
20 UNDERTAKER ADDRESS
6.2. Clint For treduce

S

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman. (b) Grecery; (a) Foreman, (b) Automabile factory. The material additional line is provided for the latter statement; it tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Hauselaborer, Farm laborer, Laborer-Coat mine, etc. wimen at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Campasitor, Architect, Locomotive engineer, the first line will be sufficient, e. g.. Farmer or Planter, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that farmany be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occuration or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emworked on may form part of the second statement. whatever, write None. Hausemuid, etc. If the occupation has been changed For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosymial fever (the only definite synonym is "Epidemic cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lohar, pneumania, Branchopneumania ("Pneumonia,"

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," de. "Exhaustion," "Heart failure, "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; inges, peritonueum, etc., Carcinoma, Sarcona,, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Uruemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopncumonia (secondary), Whooping caugh; Chronic Chronic interstitial nephritis, or as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all (Recommendations on statement of cause of death ldmus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underapproved by Committee on as fracture of skull, and consequences (e.g., scpsis, Examples: Accidental drawning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condietc. The contributory valirular Nomenclature of the heart discuse ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 6 190

V. S. Na. 1

PLACE OF DEATH	01650 STATE OF MARYLAND
County Freedereck Within the Corpora	GO CERTIFICATE OF DEATH
	Registration Dist. No. 136.
Village or City Frederick (No. 25 W	St.: 3 Ward) (If death occurred is a hospital or institution, give its NAME is stend of street an
2FULL NAME Hoenry Hoe	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH Sel 2/ , 1986 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw har alive on stely 2 1 7 1903
7 AGE 7 G yrs. 7 mos. ds. lf LESS than l day hrs. or min.?	The state of the s
(a) Trade, profession or Particular kind of work	myocardelio Chroni
(b) General nature of industry	***************************************
business, or establishment in Which employed or (employer)	(Duration) 2 vis. mos. di
9 BIRTHPLACE	Contributory Stant Block
10 NAME OF FATHER A reclevich Holler	(Signed) Charles F. Grades M. D. 2/22 1932 (Address) Frederick M.
OF FATHER (State or country Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Cargaret Glking 13 BIRTHPLACE	10 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State of Country) Caryland 4 THE ABOVE IS TRUE TO THE POST OF MY KNOWLEDGE	At place of death
(Informations. Sallie Fleming	Former or usual residence 23- or 3th ft, Rederick
(Address 2 6. W. Fifth st.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Not. Olivet bern Feb 23, 130
Filed 22. Febr 1930 Jan. Centy Registran	Thomas J. Toice Frederich
If nore banks are needed, address tate degistrar	, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housefulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it the first line will be sufficient, e. g.. Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. Housemaid, etc. If the occupation has been changed For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many person, irrespective of

Strtement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; (secondary or intercurrent) affection need not be st.ted unless important. Example: Measles (disease "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "E.haustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease approved by Committee on lejanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; nephritis, etc. The contributory Nomenclature of the

At this certificate is looked over thoroughly and a'l qu stions anexered in detail, it will prevent further correspondence. All the dita is essential and must be obtained before the certificate is permanently filed.

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	100	

PLACE OF DEATH

10397

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

C4. WJ	(If death occurred
St.: Ward	
	tion, give its NAME i

in ustead of number.) of street and

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale white Single, Married, Wildowed Or Divorced (Write the word)	16 DATE OF DEATH Sighten fex 6., 19230 (Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIEY, That ttended the deceased from
(Month) (Day) (Year)	that I last saw her alive on Sight lot, 192 1920,
	~ L/
7 AGE	and that death occurred on the date stated above, atm.
88 yrs. 10 mos. 23 ds. or min.?	The CAUSE OF SEATH * was as follows:
(a) Trade, profession or Retired	Verilogdelly
(b) General nature of industry business, or establishment in which employed or (employer) Jourse Lady	Duration () Tourist de
9 BIRTHPLACE (State or country) Waryland	Secondary A (Duration) yes 4 mos ds
10 NAME OF FATHER Wichael Stelman	(Signed) Proope James M. D.
OF FATHER Z (State or country) State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Lydia a. Smith	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Uranyloud	At place 40 yrs mos, ds. In the State 88 yrs 10 mos 23 ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Interment) Tries Belle Helman	Former or usual residence Usual Residence
(Address) Emuito bung rud	Simulations and Sept 8, 1930
15 Filed Sept 8 1930 Tu F Shift	20 UNDERTAKER ADDRESS Fruitsburg 4
If more banks are needed, addre.s Ltate Negistra	r, 16 W. Saratoga St., Ballo, Lequesting V. S. I.o. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more process. Coal mine, etc. Womlaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING PEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman, (b) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. household only (not paid Housekeepers who receive a nature of the business or industry, and therefore an Civil engineer, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Stationary fireman, etc. But in many (b) Automobile factory. The material Locomolive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchoppeumonia ("Pneumonia,"

> "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, st_ted unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid -- probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar, or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death Never report mere symptoms or terminal condiresulting from childbirth or miscarriage Chronic etc. The contributory valvular heart disease;

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V. S. No. 1

PLACE OF DEATH

Sign	PLACE OF DEATH	STATE OF MARYLAND
₹¤/	County Frederick	10398 CERTIFICATE OF DEATH
, F		Registration Dist, No. /3/
CTL assif	Village or City Vear Frederick ONO. P.	St: Ward) (If death occurred in a hospital or institu
rly cla	2FULL NAME Janka Veresa	Velpheustine tion, give its NAME is stead of street an number.)
ope	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
d be st y be pr ack of	Hernall White SINGLE, MARRIED, Milowed Gridowed OR BIVORGED (Write the word)	16 DATE OF DEATH 2-, 1930
ma n b	6 DATE OF BIRTH	(Month) (Day) (Year)
t it	aug - 31 - 1844	aug-17-1030 Sept-2-, 103
ACE o tha	(Month) (Day) (Year)	that I last saw her alive on Sept 2, 198 6
so ruc	7 AGE If LESS than	The state of the s
ms ms nst	8 6 yrs mos. 2 ds. ormin.?	The CAUSE OF DEATH * was as follows:
upp teri	B OCCUPATION (a) Trade, profession or 9	herebral hemers as
y sin	particular kind of work Youse WWW	
n pl	(b) General nature of industry business, or establishment in	Chronic interstition replication yes most 6 de
THI	which employed or (employer) W WOWL 9 BIRTHPLACE (State or country)	Contributory Walnut year.
J be	I 10 NAME OF	(Durstion) yrs mos 2 de
Ner Ver	FATHER	(Signed) N Hayes Drown M. E
Sh	OF FATHER	SUMT, 2-1920 (Address) JUANSON
AUS 10N	Z (State or country)	*State the Disease Cauring Deth, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
ma 9 C	12 MAIDEN NAME	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
for	13 BIRTHPLACE :	ients or Recent Residents) At place In the 7
DO DO	(State or Country)	of death
oni oui	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
sh	(Informant) C. A Helphenstin	usual residence Muslington &
Every CIANS staten	(Address) /6 W. Judenvoor St. Cherry	Washington D.C. Sept 3
B	Filed 3 Sept 1980 Dec McChurch	Wash Neal Wash No.
z	If more bienks are needed, address State Registrar,	, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer—Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Yold Age," "Shock," stated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, ""Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproyed by Committee on as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; nephritis, etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

\		PLACE OF DEATH County Moured	12440	STATE OF I	
			161-0	Registration I	120
ficate.		2FULL NAME Helde Way	Ven	St: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
certi		PERSONAL AND STATISTICAL PARTICULARS	MEDI	ICAL CERTIFICATE C	OF DEATH
ack of	3 5	Teuche Color or RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEAT	OCI.	29 , 1930 (Day) (Year)
d no suc	6 1	DATE OF BIRTH Och 2 9 (24) (Month) (Day) (Year)	17 I HERE	BY CERTIFY, That Latt.	
nstruction	7 /	yrsmosds. If LESS than 1 dayhrs. ormin.?	and that death occ	eurred on the date stated ATH * was as follows:	above, at 3-30 Am.
ant. See	(F (b	(a) Trade, profession or particular kind of work (b) General nature of industry pusiness, or establishment in		(Duration)	vrs mos 5 de
import	_	BIRTHPLACE (State or country)	Contributory Secondary	2 (Dyfation)	dsds.
s very		10 NAME OF Judenck Judenson	(Signed) & (3 o (Adless) Fre	reus zud
NOI	PARENTS	OF FATHER (State or country) 12 MAIDEN NAME		Disease Causing Death, state (1) Means of Inj	or, in deaths from jury and (2) Whether
UPAT		OF MOTHER CALL JULES 13 BIRTHPLACE	ients or Recent	,	als, Institutions, Trans-
000		OF MOTHER (State or Country) Willy Turn	At place of death yrs. Where was disease co	mosds. State	yrsmosds.
ent of	14	(Informant) - W The BEST OF MY KNOWLEDGE	if not at place of de Former or usual residence	Burkete	trolle 24
statème		(Address) Paur Rittapille,	19 PLACE OF BUR	Ruskettrale	Oct 29 , 1930
8	15	Filed Cot 3/ 1980 D. Groupen Daniers Registrar	20 UNDERTAKER Turren	Kuduran	Rus Rettroile
		If more bianks are needed, address State Registrar	, 16 W. Saratoga St.	, Balto., Requesting V. S	. No. 1. Luq

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Formes state occupation at beginning of illness. If retired or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been charged to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (o) Salesmon. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Plonter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Form laborer, Loborer-Coul mine, etc. Womyrs). without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile foctory. The material (b) dro.n

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebros part fever (the only definite synonym is "Epidemic cerebros spinal meningitis"); Diphtheria avoid use of "Croud"; Typhoid fever (never report "Typhoid Pneumonia,"); Lobor pneumonia, Bronchopneumonia."

direcommendations on statement of cause of American Medical Association.) corbolic acid-probably suicide. The n.ture of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septionemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal condi-tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic volvulor heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Corcinoma, Sorcoma, etc., oi

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permapently filed.

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HOL state occu 0

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County 5 redonc Registration Dist. No. (If death occurred in a hospital er institution, give its NAME instend of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED OR DIVORCED I HEREBY CERTIFY, That I attended the deceased 6 DATE OF BIRTH (Day) (Year) and that death occured on the date stated above, at 7 AGE IIf LESS than day 19 hrs. The CAUSE OF DEATH * was as follows: 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF (Signed) 11 BIRTHPLACE OF FATHER ENT the Discase Causing Death, or, in (State or country) Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 12 MAIDEN NAME œ PA 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE OF MOTHER yis...... ds. State..... yrs..... mos..... (State or country) Where was disease contracted, if not at place of death? Former or usual residence. Registra

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting

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OCT 6 1980

BUREAU TO

DATE OF DEATH

20 UNDERTAKER

Registra

If more blanks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

properly classified of certificate. be stated be prope TH UNFADING INK---THIS IS A PERMANEN MARGIN RESERVED FOR BINDING .-Every item of information should be carefully supplied ACE should be CIANS should state CAUSE OF DEATH in plain terms so that it may be statement of OCCUPATION is very important. See instructions on back should

3

6

PLACE OF DEATH	
County Frederick	0
Estellage or City War felfersoneno. Co 2FULL NAME Beatrice Uned	u
PERSONAL AND STATISTICAL PARTICULARS	
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16
DATE OF BIRTH	1
OM - 29 - , 1930 (Nonth) (Day) (Year	th
AGE If LESS than I day hrs. hrs. ds. or min.?	TI
(a) I rade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer)	1
(State or country)	1
10 NAME OF FATHER John O. Herbert fr 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(5
13 BIRTHPLACE OF MOTHER (State or country)	A of
(Informant) John O. Herbert, fr, (Address) Frederick. Md. Route 4	if Four

Filed 28 - Lucy 1920

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 13/

t.: Ward) (If death occurred in a hospital or institution, give its NAME irstend of street and

number.)

MEDICAL CERTIFICATE OF DEATH

	Mar	1 - 27		
17 I HEREBY CE		t I attende	d the de	coased from
that I last saw h&2 a				
and that death occured	on the date	stated abov	o, at/	30 /2
The CAUSE OF DEATH	was as folio	owa:		
Demorrhag	e from	n sto	mar	hans
bowels, Car	whise	uku	un	
\$>>>>>	(Durstic	n)yrı)	nos
Contributory				**************************************
	es Br	own	er 110025, 000150001	
Mag-28-1970				
Violent Caus s, state Accidental, Suicidal or I	se Causing ((1) Means Homicidal.	of Injury	in der and (2	the from) whether
18 LENGTH OF RESID		Fospitals,	Institut	ions, Tran
At place of death yrsmos.	ds.	In the State	.yrs	mos
Where was disease contracts if not at place of death?		*************	**->*****	
Former or usual residence	****************			
19 PLACE OF BURIAL O	FLED	_	. /	ay 19 3

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day loborer, Farm laborer, Loborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, f thess of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many tion applies to each and every person, irrespective of expition is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. Never return 'Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Salesman, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia,")

"Fxhaustion," "Heart lanure," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Mcasles (disease "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, inges, perilonaeum, etc., Careinoma, Sarcoma,, etc., of (name origin: "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage "PUERPERAL septicaemia," "PUERFERAL peritonitis," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Branchopneumonia (secondary), (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Meastes; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory" or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-Chronic interstitud nephritis, American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, earbotic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. For violent deaths state means of injuny Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular etc. Nomenclature The contributory heart discuse;

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CELLE

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred im (Ward) a hospital or institu-tion, give its NAME is stead of street number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH MARRIED. BINDING WIDOWED OR DIVORCED (Write the word)(Day) Month) (Year). 6 DATE OF BIRTH 17 That I attended the deceased (Month) (Day) (Year) 7 AGE IlfLESS than and that death occurred on the date stated above, at The CAUSE OF DEATH * lday hrs. was as follows: ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work a (b) General nature of industry Q business, or establishment in which employed or (employer) 9 BIRTHPLACE ARGIN (State or country) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE o tu OF FATHER Causing Death, or, in EZ State the Ils ase S Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. CAU (State or country) ш 12 MAIDEN NAME Œ 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER state CCU2A ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of deathyrs......mos..... (State or Country) 00 Where was disesse contracted, if not at place of dea.h?. shoul 14 THE ABOVE IS TRUE Every Item CIANS sho statement Former or usual residence .. If more b.anks are needed, address trate Negistrar, 16 W. Saratoga St. Baho., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. g ged in women to been changed Housemuid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, ged in domestic service for wages, as Scruant, Cook, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,");

> "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Snock," "Old Age," "Shock," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; etc. The contributory Measles;

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	County Tre derick	as outnesseds
Vill	lage or City Moulton	(No)Hospil
	PERSONAL AND STATISTICA	AL PARTICULARS
3 5	1 COLOR OR RACE	SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)
6 0	Man de (Month)	07, 19 (Day)
7 A	GE yrsmo	s. 17 ds. or
() P () b	a) Trade, profession or articular kind of work	1. 1
PARENTS	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) W AM	hent Land Land Land
14	(Informant) (Address) MINITURE (Address)	ones Su Frapital
15	Filed N-aful 1986 Dow	Lucluid Regio

PLACE OF DEATH

04294

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 13/=

...Ward)

(If death occurred in a hospital or institu-tion, give Its NAME in-stead of street and number.)

LARS	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH April 13, 1980
	(Month) (Day) (Year)
144.4	17 I HEREBY CERTIFY, That I attended the deceased from
, 1930 (Year)	that I last saw her alive on april 12, 1950,
If LESS than	and that death occurred on the date stated above, at 12 2 m. The CAUSE OF DEATH * was as follows:
or min.	Inflection of stump of umbilical cord.
	septicence, general, with train
•••••	complication, cut a.
	(Duration) yrs. mos. ds.
\$\$44,680.000.0000000000000000000000000000000	Centributory Secondary
	(Signed) BOTTON M. D. Of 2014920 (Address) Index L. Ind
	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
S	18 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	At place of deathyrsmos/7.ds. In the Stateyrs
EDGE	Where was disease contracted,
Q. L	Former or usual residence
supr	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
al	montecus our 14- Aug. 19 30
. 0.	20 UNDERTAKER ADDRESS
Registral	James afonds Sufet Frederick
1	Value Supering V. S. ho. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e ch and every person, irrespective ci fulness of various pursuits ean be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-(a) Foreman, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. to report specifically the occupations of persons enetc., For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day (b) Automobile factory. The material

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meniajitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar "pneumonia, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E :haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronehopneumonia (secondary), (secondar or intercurrent) affection need not be st.ted unless important. Example: Measles (disease st.ted unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of tetanus) may be stated under the head of "eontributory." earbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. For violent deaths state means of injuny "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from ehildbirth or miscarriage as ean be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping eough; Chronic valvular heart disease; Chronie interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and eonscquences (e.g., sepsis, Examples: Aecidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Com2," "Convulsions, Never report mere symptoms or terminal condi-

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	PLACE OF DEATH
C	County Frederick
Villa	age or City Kear Jefferson (No.
	2FULL NAME 2 mas. fetus
	PERSONAL AND STATISTICAL PARTICULARS
3 SI	A COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)
6 D	ATE OF BIRTH
	fune / / - , 1970 (Month) (Day) (Year
7 A	ge 2 mss. fettes If LESS than I day hrs. hrs. ds. or min.?
) bi	a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer) BIRTHPLACE (State or country) Man Jefferson . MA,
	10 NAME OF Roal & Herbert
STN	OF FATHER (State or country)
PARE	OF MOTHER JUSTIL L. Wildon
	13 BIRTHPLACE OF MOTHER (State or country)
14	THE ARRYS IS TRUE TO THE REST OF MY KNOWLEDGE
	(Informant) July L. Herwert (Address) July druck. Md. Rante-

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and the C

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(Signe

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. / 3/

St.: Ward) St.: Ward (If death occurred in a hospit) (If no street and of street and of street and number.)
MEDICAL CERTIFICATE OF DEATH
(Month) (Day) (Year)
HEREBY CERTIFY, That I attended the deceased from 14
I last saw h alive on, 192
2 mas aboution
Cause unknown
(Durstion) yrs mos do
Contributory
ned) M. Hages Brown M. E.
une 14-1980 (Address) Selferson Ald
*State the Discase Causing Double, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Lospitals, Institutions, Transients or Recent Residents)

At place In the

At place in the State yrs mos. ds. State yrs mos if not at place of death.

Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

On Premusis

1980 me McCucly

Registra: M. Hayli Brown Physician Jef

If more blanks are needed, address State Ragistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

S. No. 1

Filed 14

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation laborer Parm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of capation is very important, so that the relative health. Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on (b) Automobile factory. The material Grocery;

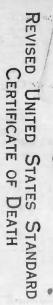
Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of telanus) may be stated under the head of "contributory" diseases resulting from childbirth or miscarriage as "PUERPERAL septionemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congcnital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy." "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant meoplasms); unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suscide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. (secondary or intercurrent) affection need not be approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. American Medical Association.) (name origin: "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-Always qualify all Measles ;

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V. S. No. 1

PLACE OF DEATH County Frederick Within the Corpora			
Village or City Frederick (No. Cor 3 -d + 2FULL NAME LESS Samue	Registration Dist. No. /2/= Market St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, Married WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)		
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from June 7. 1930. to June 7. 1923 9. that I last saw h/M alive on Jan 7. 1980,		
7 AGE State of the state of th			
(a) Trade, profession or Labour particular kind of work (b) General nature of industry business, or establishment in	To I amount		
which employed or (employer) Hule Stelles 9 BIRTHPLACE (State or country)	Contributory Attraction yrs. mos. ds. Contributory Attraction Secondary (Duration) 5 yrs. mos. ds.		
10 NAME OF Shadius Hossell	(Signed) Progell W. Bar M. P.		
OF FATHER (State or country) 12 MAIDEN NAME 1	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) UNRESOURCE (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs descriptions d		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) M	if not at place of dea.h? Former or usual residence 3241 Bents At Auditude 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
(Address) 3249 Beutyst Fred	Bearen Dam Cem Jour 0, 1030		
15 Filed 9 - January 1980 Da Lucturely Registras	M. R. Etchron son Frederick		
If more banks are needed, address tate registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.		



(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from fired 6 yrs). -business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH whatever, write None. sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook. ployed, as At school, or At home. Care should be taken er," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day Compositor, Architect, Locomolive engineer, For persons who have no occupation (b) Automobile factory. The material (b) The ques-Grocery,

Strtement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Ineumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Exhaustion," "Heart range," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Traemia," "Weakness," etc., when a definite disease tetanus) may be stated under the head of "contributory." atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on carbolic acid-probably swicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train State cause for which surgical operation was under-Chronic interstitial nephritis, Whooping cough; Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY "Congenital," "Senile," etc.), "Dropsy,"," "Heart failure," "Haemorrhage," Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

No 1

PLACE OF DEATH County Trederick	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / 3 4
Village or City furnitaling (No	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH /2 - 26 , 180 (Year)
6 DATE OF BIRTH Sec. 72, 1936 (Month) (Day) (Year) 7 AGE (If LESS than	17 I HEREBY CERTIFY, That I attended the deceased from 12-22 130 to 12-26 ,130, that I last saw herealive on 12-25 ,150,
yrsds. ormin.?	The CAUSE OF DEATH * was as follows:
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER Carl R. Herring UNITED THE COUNTY COUNTY COUNTY COUNTY COUNTY	(Signed) (Address) (Signed) (Signed) (Address) (Signed) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Address) (Add
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 COUNTRY)	Accidental, Suicidal or Homicidal. 10 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents) At place of death
(Informant) Furl R. Steiring (Address) Fruntshing tur	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Tolumn usual residence 19 PLACE OF BURIAL OR REMOVAL Tolumn usual residence 19 PLACE OF BURIAL OR REMOVAL Tolumn usual residence 19 PLACE OF BURIAL OR REMOVAL
Filed Seo Z6 1930 M. F. Shuffetrai	20 UNDERTAKER 20 UNDERTAKER ADDRESS Emitsburg & 10, 15 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emer," etc., nature of the business or industry, and therefore an business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enen at home, who are engaged in the duties of the Never return "Laborer," "For man," "Manager, worked on may form part of the second statement. whatever, write None. or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken For many occupations a single word or term on ., without more precise specification as Day Farm laborer, Laborer—Coal mine, etc. Wom-Grocery; ", "Deal-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all (secondar, or intercurrent) affection need not be accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; and consequences (e. g., sepsis, etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very imparant. See instructions on back of certificate. WITH UNFADING INK--THIS IS A PERMANEN' BINDING MARGIN RESERVED FOR

CORD	15		-
	X		DUVE
-		CORD	VITORY POST

PLACE OF DEATH	STATE OF MARYLAND
County he develo	CERTIFICATE OF DEATH
4 11	Registration Dist. No.
Village or City Montaruno. Sarpi	St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
2 FULL NAME Henry Edward He	tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEL, OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH COCT 07, 1859 (Month) (Day) (Year)	that I last saw him alive on Nov 5 1980,
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or Salmer	Hemplegie
(b) General nature of industry business, or establishment in	(Durstion) yrs. mos de.
which employed or (employer)	Contributory arter Selenous
(State or country) Warrel	Secondary (Duration) yield mos. ds.
10 NAME OF Quigust Herring	(Signed) 1307 M. D. M. D
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Katherine Warner	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs mos. ds. In the State yrs mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
· (Informany) James, a. Jones Supl	Former or usual residence Trederick Md.
(Address) Laleins, Md. Morterne Horry	Mellins Frederick MA 118 1930
Filed J- / Melufer 900 Doal McCunty Registra	Lowy & Carly Frederick Mel.
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, especially in industrial employments, it is neces-For many occupations a Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day (b) Automobile foctory. The material For persons who have no occupation single word or term on (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of carbolic acid—probably suicide. The n ture of the injury, as fracture of skull, and consequences (e.g., sepsis, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY (secondary American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Example: Measles (disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All tha data is essential and must be obtained before the certificate is permanently filed

V. S. No. 1

N. B.--

PLACE OF DEATH - County Strederick	02117 STATE OF MARYLAND CERTIFICATE OF DEATH
no off	Registration Dist. No. 14
Village or City (No	abell Hetlerly (If death occurred in a hospital or institution, give its NAME it stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female A hile Single, married WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH 6 Del 25 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That Lattended the deceased from 23 1970 to 18 2 1978 that I last saw her alive on Held 2 1 1978
73 yrs. 4 mos. 3 ds. or min.	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
a) Trade, profession or particular kind of work (b) General nature of industry (b) business, or establishment in	(Duratign) yrs. 3 mos 4
which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF	Contributory Infected 1000000 June (Duration) 1000000000000000000000000000000000000
FATHER Michael Hielge	Man 21 19730 (Address) Thurner Ma
OF FATHER Z (State or country) Maryland	*State the I is ase Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
(Informant) Mrs Gernon Hetterly.	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Place of Burial Date of Burial Date of Burial Date of Burial
15 Filed March 3 1930 anna M. Janes	Willhide & Chieger Phurmout
If more banks are needed, addre a Ltate segistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., Without mure record minc, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Puysician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed g-ged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. worked on may form part of the second statement. report specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on For persons who have no occupation Stationary freman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "(Exhaustion," "Heart lanure, lanure, ''Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tubereulosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from ehildbirth or miscarriage as can be ascertained as the cause. Always qualify al (secondary (name origin; "Cancer" is less definite; avoid approved by Committee on as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY or intercurrent) etc. The contributory valvular heart disease; affection need not be Nomenclature of the

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD TH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING

	Mi	
1	AINLY,	
	WRITE	
V. S. No. 1		1

X. B.

PLACE OF DEATH	14986 STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH
A	90
Village or City Vens letterson (No New Co.	Registration Dist. No. / 3 /
Village or City Vear follow (No. 18ean fe	Ward) (If death occurred in a hospital or institu-
	tion, give its NAME in stead of street and
2FULL NAME Tarah Um Sh	DAMAN number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Miloweb. larned	Llc 8 - , 1930
(Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
ling 12 1877	- 1900. to Dlc. 8- , 1900,
(Month) (Day) (Year)	that I last saw hor alive on Ott, 8 - , 1920,
7 AGE [If LESS than	and that death occurred on the date stated above, at 10.3010 m.
hrs.	The CAUSE OF DEATH * was as follows:
99 yrs 3 mos. 26 ds. or min.?	
8 OCCUPATION (a) Trade, profession or 2/	Sepronic Misocarditis
particular kind of work	0
(b) General nature of industry business, or establishment in	4 -
which employed or (employer)	(Duration) yrs mos de,
9 BIRTHPLACE (State or country) Balto G. Med	Contributory Secondary
	(Duration) yrs, mos, ds.
10 NAME OF FATHER	(Signed) W. Hayes Brown M. D.
11 BIRTHPLACE	Dec. 9- 1930 (Address) De Serson - Ald
H OF FATHER DA	
Z (State or country) (XXX 45. / XXX	*State the Disease Cauring Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Y 12 MAIDEN NAME Y OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (9 1 11 Con)	At place of death yrs mos ds. In the State mos ds.
(State or Country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) to hun B. Hickerson	Former or usual residence Near Jeffuson Fields (Mr)
7	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	SW. Theex Centy Dec. // , 1930
15 Filed 10-Dec 1920 Joan McChurchy.	20 UNDERTAKER ADDRESS
Registrar	6.2. Chine Hom Tudent he
If more blanks are needed, address State Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more proven -- laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Housebusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DRATH, work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material whatever, write None. For many occupations a single word or term on yrs). For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

permanently filed.

data is essential and must be obtained before the certificate is

answered in detail, it will prevent further correspondence.

approved by Committee on Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, if this certificate is looked over thoroughly and all questions inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Chronic Example: Measles (disease etc. The contributory affection need valvular heart disease; Nomenclature of the not be

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PLACE OF DEATH .	14986	STATE OF M	
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	90	Registration I	Dist. No. /37
Village or Chilan Stratifica H. Hi	don	St.:Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE C	F DEATH
Sex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH		27 , 1920 (Day) (Year)
6 DATE OF BIRTH	17 ON HEREBY	CERTIFY, That i att	ended the deceased from
(Month) (Day) (Year)	that I jast saw h	alive on Des	24, 19230
7 AGE 7 AGE 1 If LESS than 1 day hrs. or min.?	and that death occur The CAUSE OF DEAT	red on the date stated FH * was as follows:	above, at
(a) Trade, profession or particular kind of work	Paral. 1.	1	•
(b) General nature of industry business, or establishment in which employed or (employer)		(Duration) 2	утэds.
9 BIRTHPLACE (State or country) Hankington, D.C.	Contributory	(MOGO (Duration)	yrs inos ds
10 NAME OF FATHER STEEL WORKELLY	(Signed) (6) 70	O(Address)	estylown.
OF FATHER (State or country)	*State the l Violent Causes, at Accidental, Suicidal	is ase Causing Death, ate (1) Means of Injor Homicidal.	or, in deaths from jury and (2) Whether
of MOTHER Marchina May	18 LENGTH OF RE		ais, institutions, Trans
13 BIRTHPLACE OF MOTHER (State or country) Va,	At place of deat' yrs	In the State	yrsmosås.
14 THE ABOVE TS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea Former or usual residence		
(Informant) (leeve August		L OR REMOVAL	DATE OF BURIAL
(Address) the dubbedge	- Certal	MP Cemetery	Sec 30th, 1.30
Filed Dep 29 1970 MA Curfusas Registras	Powell +	Ellaugh!	Liberty tom M
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if more banks are needed, addres Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1/

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer retired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. Housenwid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealsary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Furnier or Planter, tion applies to each and every person, irrespective of Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salesman. (b) Groccry; man, (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrofever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); "Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, "PUERPERAL scplicaemia," "PUERPERAL peritonilis," etc. diseases resulting from childbirth or miscarriage as "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee on Nomenclature of the Chronic etc. The contributory affection need not be valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (re or given up on account of the DISEARE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook, spork, or At Home, and children, not gainfully employed, as it school or At home. (are should be taken er." etc., without more precise speciments. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-WI slever, write None. state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed to report specifically the occ pations of persons endefinite salary), may be entered as Housewife, House en at home, who are engaged in the Never return "Laborer;" "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; household only (not paid Housekeepers who receive a worked on may form part of the second statement. (4) Foreman, (b) Automobile factory. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary Jacmen, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescapation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on 3/78.). For persons who have no occupation duties The material But in many

Statement of Cause of Death—Name, first, the present of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebro spinal meningitis"); Diphtheria (avoid iss. of "Croup"); Typhoid fever (never report "Typhoid intermedia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

Nomenclature of the American Medical Association.) ment of cause of death approved by педd quences (e.g., sepsis, ictanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF diseases resulting from childbirth or miscarriage as can be ascertained as the cause. rhage," "Inanition" "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," train-accident; Revolver wound of head-homioide; as probably such, if impossible to determine definitely. "Puerperal septicaemia." "Puerperal poritonitis," "Dropsy," "Exhaustion," "Heart failure." vulsions," ary), 10 ds. Examples: Accidental drowning; Struck by railway State cause for which surgical operation was under-"Uraemia," "Weakness." etc., when a definite disease conditions, such as "Asthenia," "Anaemia" causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonasum, etc., Carcinoma, Sarcoma, etc., of (secondary or intercurrent) affection need not be Whooping cough; Chronic valvulur heart (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men of "contributory." FOR VIOLENT DEATHS STATE MEANS OF INJURY interstitial nephritis, etc. "Debility" ("Congenital," "Senile," etc.), Never report more symptoms or terminal (Recommendations on state-Example: Measles Always qualify all The contributory "Coma," Committee on "Haemor-The nadiscase; Measics; (second-(merely (discase etc.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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MARGIN RESERVED	WRITE AINLY, WITH UNFADING INK-THIS	very item of information should be carefully supplied
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	WRITE	very item

V. S. No. 1

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Village or City Frederick (No. 23 H &	S CERTIFICAT	MARYLAND E OF DEATH Dist. No. 3 (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH /0 - (Month)	/9 , 1930 (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I at	tended the deceased from
/0 - /9 , 1930 (Month) (Day) (Year)	that I last saw halive on	, 192,
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date state The CAUSE OF DEATH was as follows:	d above, atm,
OCCUPATION (a) Trade, profession or particular kind of work	deal in allero	×n
(b) General nature of industry business, or establishment in which employed or (employer)	one =0	yrsds.
9 BIRTHPLACE (State or country) Frederics Inp	Contributory Secondary (Duration)	yrsds.
10 NAME OF FATHER Merke M Hill	(Signed) 1920 (Address) Te	deriest ma
of FATHER (State or country) The devel (md	*State the Disease Causing Death Violent Causes, state (1) Means of I Accidental, Suicidal or Homicidal.	, or, in deaths from njury and (2) Whether
of MOTHER Susua a Salm	18 LENGTH OF RESIDENCE (For Hosp ients or Recent Residents)	
OF MOTHER (State or Country) Rederect mg	Where was disease contracted,	e ateds.
(Informant) Merhle M. Hill.	if not at place of death?	
Frederick, Md.	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
(Address)	Fairview Cem., Frederick	Oct. 20, 19 30

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Albert V. Dixon.

Frederick, Md.

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Spinner, whatever, write Nonc. business, that fact may be indicated thus; Farmer (1) state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-(a) Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coul mine, etc. Wom-(b) Cotton mill; (a) Salcsman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the (b) Grocery;

spinal meningitis"); Diphtheria avoid use of "Croup" ed term for the same disease. Examples: Cerebro pinu to time and causation), using always the same acceptant EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Day Typhoid fever (never report "Typhoid Pneumonia"); (the only definite synonym is "Epidemic celebropneumonia, Bronchopneumonia ("Pneumonia,

> approved by Committee on Nomenclature of the American Medical Association.) (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic valualar heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is It this certificate is looked over thoroughly and all questions anently filed

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St Ward) If death occurred in

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MEDICA	L CERTIFICA	ATE OF D	EATH	*
16 DATE OF DEATH	(Mont) ERTIFY, That	h)(Day)	(Year)
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that I last saw h	vive on			, 192
and that death occurre	ed on the date	stated abo	ve, at	n
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(Signed)	3 B)yre	174 moe	d
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18 LENGTH OF RESI		Hospitals,	Institution	s, Trans
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Former or usual residence			1-y	
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20 UNDERTAKER			RESS	

if more blanks are needed, address State Registrar. 16 W. Saratoga St., Baito., Requesting

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(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At ochool or At home. Care should be taken work. definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Deal worked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; It nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Furmer or Plunter, tion applies to each and every person, irrespective of eupation is very important, so that the relative healthbusiness, that fact may be indicated thus: Farmer (rc-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons en-(a) Foreman, (b) Automobile factory. The materia Civil engineer, Stationary fremen, etc. But in many fulness of various parsuits can be known. tired 6 ms.). For persons who have no occupation Statement of Occupation-Precise statement of oe etc., For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day -Coal mine, etc. The ques-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same necepted term for the same disease. Examples: Cerebrospinal Jever (the only definite synonym is "Epidemie ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pueumenia"); Lobar pueumonia, Bronchopneumonia ("Pneumonia."

quences (e. g., sepsis, tetanus) may be stated under the Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and eonse-Poisoned by carbalic acid-probably suicide. The natrain-accident: Revolver as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"PUERPERAL septicuemia." "PUERPERAL peritonitis," etc. diseases resulting from childbirth or misearriage as can be ascertained as the cause. "Uraemia," "Weaknes:" etc., when a definite disease rhage," "Inanition" "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. mges, peritonucum, etc., Carcinoma, Sarcona, etc., or (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway vulsions." Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inqualified, is indefinite); Tuberculosis of lungs, men-Whooping (secondary or intercurrent) FOR VIOLENT DEATHS State MEANS OF INJURY "eontributory." "Debility" ("Congenital," "Senile," etc.), cough; Chronic valvular heart disease; Carcinoma, Sarcoma, etc., of (Recommendations on statewound of head-homicide; Example: Mcastes affection need not be Always qualify all failure." "Haemor-"Coma," "Con-(merely (second-(disease

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is rermanently filed.

Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD PERMANEN BINDING FOR 4 WITH UNFADING INK--THIS MARGIN RESERVED

V. S. No. 1

N. B.--

	PLACE OF DEATH	-	01001	STATE OF	MARYLA	ND
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	nt ·11			Registration	Dist. No.	1T.
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F	PERSONAL AND STATISTICAL PAR	TICULARS	MEDIO	CAL CERTIFICATE	OF DEATH	
3 SEX	4 COLOR OR RACE 5 SINGLE.	D. A '	16 DATE OF DEATH	21	2	35
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U)	BIRTHPLACE OF FATHER				or, in de	aths from
ENT.	(State or country)	7	Violent Causes, Accidental, Suicida	Disease Causing Death state (1) Means of I I or Homicidal.	injury and (2	2) Whether
C 12	MAIDEN NAME OF MOTHER			ESIDENCE (For Hosp	itals, Institu	tions, Trans-
0	nnango		ients or Recent F			
	BIRTHPLACE OF MOTHER		At place of death yrs	In the	ne ateyrs	mosds.
1	(State or Country)	N	Where were disease con	ptracted.		
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If more bianks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Groccry; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., Without more process. The duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day mpositor, Archited, Locomotive engineer, Stationary freman, etc. But in many For persons who have no occupation

fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EAST CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi or intercurrent) affection need not be Committee on Nomenclature of the Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH County Frederick

STATE OF MARYLAND CERTIFICATE OF DEATH

	24 3 40	Registration	Dist. No. 130
Village or City Adamstown	Mrs. May Bell Viola	St.: Ward	
PERSONAL AND STA	TISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR F	RACE SSINGLE, MARRIED, METTIED WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH July 2	
(1		that Last saw h Lalive on	28th 1880
7 AGE 48 yra	4 26 l day	hrs. The CAUSE OF DEATH * was as follows:	1B.
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry			
business, or establishment in which employed or (employer) 9 BIRTHPLACE		Secondary	Metastasia
10 NAME OF J. N.		(Signed) Finnel (Duration) (Signed) Finnel (Duration) ADAMS	<u>вре</u> м. г
(State or country)	a.	State the Discase Causing Death Violent Causes, state (1) Means of 1 recidental, Suicidal or Homicidal.	, or, in deaths from
E 12 MAIDEN NAME	M. Shellman.	18 LUNGTH OF RUSIDENCE (For Hospients or Recent Residents)	itals, Institutions, Tran
13 BIRTHPLACE OF MOTHER (State or Country)	Ma .	At place in the of deathyrs	ateyrsmosd
(Informant) J. C. Ho		if not at place of dea.h? Former or usual residence	
(Address) Adamst	own, Md.	Mt. Olivet Cem., Fred., Md.	July 30; 1930
Filed 22 191	Tayla Registral		Frederick, Md

No. 的

(Approved by U. S. Consus and American Fublic Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Civil engineer, Physician, Compositor, Architect, Locomotive engineer, gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, ctc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E.haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephrilis; etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (mere!y s; mptomtetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all approved by Committee on Nomenclature of the as fracture of skull, and consequences (c. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.Y

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	2	County Trumber
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)	oper	PERSONAL AND STATISTICAL PARTICULARS
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04295

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No....

St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)
	number.,

MEDICAL CERTIFIC	CATE OF DEATH
16 DATE OF DEATH Offer,	5° , 1930
	h)(Day)(Year)
17 4 I HEREBY CERTIFY, Th	at I attended the deceased from
	afn. 5- ,1931
	apr. 4 , 1923
and that death occurred on the dat	stated above, at
The CAUSE OF DEATH * was as fol	lows:
Orrebral The	omber &.
	,
. 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	- A
(Duratio	n)yrs,mosds
Contributory	***************************************
(Deratio	on)dsdsdsdsds
(Signal) Otis 13, Slo	M. D
apr. 5 1930 (Address)	iberty foron. M.D.
*State the lisease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.	Death, or, in deaths from of lnjury and (2) Whether
18 LENGTH OF RESIDENCE (For	Hospitals, Institutions, Trans
ients r Recent Residents)	In the
At place of dear yrsds.	Stateyrsmosds
Where was disease contracted, if not at place of dea.h?	
Former or usual residence	, 54 54 54 50 5 5 5 5 5 5 5 5 5 5 5 5 5 5
19 PLACE OF BURIAL OR REMOVA	L DATE OF BURIAL
Union Chapel Cem	4/7 , 1920
	ACCRESS!

If more blanks are needed, addres tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No/1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servaul, Cool, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more parameter. The laborer, Farm laborer, Laborer—Coal mine, etc. Womlaborer, Farm laborer the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery: (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report ployed, as At school, or At home. Care should be taken en at home, worked on may form part of the second statement. Never return". Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, For many occupations a single word or term on specifically the occupations of persons en-Compositor, Architect, who are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinul meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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telanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and eonsequences (e. g., scpsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State eause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all "Debility" ("Congenital," tions, such as "Asthenia," "Anuemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., American Medical Association.) "Exhaustion," unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as " "Marasmus, " "Old Age, " "Shock," "Heart failure," "Haemorrhage," Chronic valvular heart disease; Carcinoma, Sarcoma, etc., of etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

05240

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH
	Cm 2, 1930
	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
)	(Shall 192 to 19
	that I last saw halive on, 192,
	and that death occurred on the date stated above, atm,
	The CAUSE OF DEATH * was as follows:
	Latermy to Pry vancy
	/ / /
	(Duration) yrs. mos ds.
	Contributory Secondary
	(Duration)yrsmosds.
	(Signed) . Cly b / Gulming M. D. Cay 2 198 (Address) But July
1	
	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	At place of deathyrsmosds. In the Stateyrsmosds.
-	Where was disease contracted, if not at place of death?
	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
-	Garlon Cuy 2, 1030
1	20 UNDERTAKER ADDRESS
I	nous -

tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Year)

If LESS than I day hrs

or min.

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. busine :, that fact may be indicated thus; Farmer (rcstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestie service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits ean be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Stationary fireman, etc. But in many Physiciun, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation -Coal minc, etc. Wom-Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid—probably suicide. Then ture of the injury, as fracture of skull, and eonsequences (e.g., sepsis, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.], "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondar/ or intercurrent) affection need Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles; unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Example: Measles (disease etc. The contributory valvular heart

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

American Medical Association.)

D FOR BINI	HIS IS A PER	lied. ACE shot me so that it mestructions on
MARGIN RESERVED FOR BINDING	WRITE AINLY, WITH UNFADING INKTHIS IS A PERMAN	N. B.—Every item of information should be carefully supplied. ACE should be CIANS should state CAUSE OF DEATH in plain terms so that it may be statement of OCCUPATION is very important. See instructions on back
MARG	Y, WITH UNF.	CAUSE OF DEV
	SITE AINL	should state
V. S. No. 1	WF	. BEvery i

		e of DEATH. Frederick	WITE	IN GORPOR	MATELIA ALGEZ	STATE OF I	OF DEATH
Vil		Brunswick ULL NAME Mary	V Hogan			St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
-	PERSO	NAL AND STATIST	ICAL PARTICUL	ARS	MEDIC	AL CERTIFICATE	OF DEATH
	male	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	wohi	16 DATE OF DEATH	J3/	/3 , 19 30
-	ATE OF B						ended the deceased from
		Sept	26 (Day)	1847 (Year)	that I last saw hea	alive on 33	12, 1920
	GE	82 4	17	fLESS than day hrs. or min.?	The CAUSE OF DEAT	rred on the date stated IH * was as follows:	above, at 5 a m.
() b	a) Trade, p articular k b) General usiness, or	profession or ind of work HOUSE nature of industry establishment in oyed or (employer)	wi <u>fe</u>		Contributory	(Duration)	yrs. mos 5 ds.
	10 NAME	In CL	mes		(Signed)	(Durayon)	yıs. nos ds.
ENTS	11 BIRTHI OF FAT (State		Md		*State the IViolent Causes, st	d. (Address) The lisease Causing Death, tate (1) Means of In or Homicidal.	or, in deaths from jury and (2) Whether
ARE	12 MAIDE OF MO	in name THER Barbara E	Rhoades		18 LENGTH OF RE	SIDENCE (For Hospit	tals, Institutions, Trans
4	13 BIRTH OF MO (State	PLACE THER or Country) M	d.		At place of deathyrs	nos,ds. In the Stat	eyrsmosds.
14		Ella R Hog		GE	Former or usual residence		
errec	1	dress) prinsvi ck			Brunswick Mc		15/30 , 19
15	Filed 7	W-14 130 M	no NS. Ne	dg W	C II Feete	& Son Brun	swick Nd

If more blanks are needed, addre.s Ltate Negistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quoscupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, er," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons nner, (b) Cotton mill; (a) Salesman. (b) Grocery: Foreman, (b) Automobile factory. The materia. For many occupations a single word or term on who are engaged in the duties of the For persons who have no occupation

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinul feter (the only definite synonym is "Epidemic cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary Chronic interstitial nephritis, approved by Committee on Nomenclature (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condicough; or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH EXACTLY, P Within the Corporate limits Registration Dist. No. Ward) (If death occurred in a hospital or institution, give its NAME inof street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE 16 DATE OF DEATH be MARRIED. back WIDOWED. OR DIVORCED may (Write the word) HEREBY CERTIFY, That I Rended the deceased from 6 DATE OF BIRTH that struction (Month) d (Day) (Year) 7 AGE and that death occured on the date stated above, at HELESS than I day hrs. The CAUSE OF DEATH * was as foilows: ds. or min. (a) Trade, profession or plain particular kind of work (b) General nature of industry business, or establishment in c Duration) which employed or (employer) Contributory 9 BIRTHPLACE EAT Secondary (State or country) (Duration 0 10 NAME OF 0 11 BIRTHPLACE ENT OF FATHER State the Disease Causing Death, or, in TIO (State or country olent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. æ 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-Every Item of Imorna CIANS should state statement of OCCUP. ients or Recent Residents) 13 BIRTHPLACE OF MOTHER (State or country Where was disease contracted. 14 THE ABOVE if not at place of death? usual residence (Address) 20 UNDERTAKER Veeded, address State Registrar, 16 W. Saratega St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. The first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestived 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Nervant, Cook, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Househeepers who receive a ca at home, who are engaged in the duties of the Nover return "Laborer." "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed ." etc., Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: "crebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

inges, perilonaeum, etc., Carcinoma, Sarcona,, etc., of (name origin; "Cancer" is less definite; avoid stated unless important. Example: Measles (disease can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was undercarbolic acid-probably sucide. 'The nature of the injury Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY " "Marasmus," "Old Age," "Shock, Chronic valrular heart disease; etc. The contributory not be

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No.	13	4
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	D			(29)	Registration	Dist. No. 134
Village or City	Lumtsle	ug (No.	-		St.: Ward	(If death occurred in a hospital or institu-
2FU	LL NAME	Joseph	Sta	Re		tion, give its NAME in- stead of street and number.)
PERSO	NAL AND STATIST	ICAL PARTICU	LARS	MEDICA	L CERTIFICATE	OF DEATH
3 SEX	4 COLOR OR RACE	S SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word)	idamed	16 DATE OF DEATH	5 (Month)	/2 , 1930 (Year)
6 DATE OF BIF	Jan (Month)	. 21	, 1848 (Year)	17 HEREBY	CERTIFY, That I att	ended the deceased from

AGE		If LESS than	and that death occurred on the date stated above, at
	<i>a</i> , , , , , , , , , , , , , , , , , , ,	I day hrs.	The CAUSE OF DEATH * was as follows:
	8 2 yrs. 3 mos. 4/ ds.	ormin.?	arteriosalirosis
- COUDATI			- 11 - wi

(a) Trade, profession or articular kind of work (b) General nature of industry

business, or establishment in which employed or (employer)

9 BIRTHPLACE Secondary (State or country 10 NAME OF FATHER

11 BIRTHPLACE *State the Disease Causing Death, or, in lent Causes, state (1) Means of Injury and OF FATHER deaths from (2) Whether Violent Causes. and (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death In the yrs.......mos...... Where was disesse contracted,

if not at place of death? Former or

usual residence BURIAL OR REMOVAL

DATE OF BURIAL

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto.,

classified. EXACTL stated E be BINDING may hould instructions that 田口 FOF A supplied rms SERVED ter carefully TH in plair important. MARGIN UNFADI be EAT 70 Should E OF CAUSE no ATIO informati occupy S should of CIANS should statement of C

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13 BIRTHPLACE

OF MOTHER

(State or Country)

No

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octhe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Spinner, (b) Cotton mill; (o) Salesman. should be used only when needed. As examples: (o) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stotionary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, worked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Deal-(a) state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servont, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write Nonc. Foreman, (b) Automobile factory. The For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Loborer-Coal mine, etc. yrs). without more precise specification as Doy For persons who have no occupation (6) material Grocery, Wom-

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar .pneumonia, Bronchopneumonia ("Pneumonia,"

> unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Corcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, "PUERPERAL septicacmia," "PUERPERAL perilonitis, can be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal condi State cause for which surgical operation was underaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY approved by Committee on Nomenclature of the (Recommendations on statement of cause of death icianus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-American Medical Association.) resulting from childbirth or miscarriage as cough; " "Marasmus," "Old Age, Chronic volvular heart disease, etc. The contributory , " "Shock,"

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Y. S. No. 1

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	PLACE OF DEATH County Frederick Within the Corpor	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.	
moare.	Village or City Frederick (No. Frederick 2FULL NAME Bessie Wolland	oly Hapttabt:: Ward) (If death occur a hospital or in tion, give its NAI stead of street number.)	nstitu ME in
Leo	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
ack or	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WEDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Sept. 192 (Yearth)— (Day) (Yearth)— (Day)	30
no suo	6 DATE OF BIRTH Offil (Month) (Day) (Year)	that last saw has alive on Left.	d from
instructi	7 AGE If LESS than I day hrs. or min.?	The CAUSE OF DEATH * was as follows:	w26
Important.	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (emolover) 9 BIRTHPLACE (State or country) Manyland	Untra- crans a Present (Duration) two months. Contributory Secondary	di
CUPATION IS very	10 NAME OF FATHER When Stille 11 BIRTHPLACE OF FATHER (State or country) May land 12 MAIDEN NAME OF MOTHER Mattha. Worsey 13 BIRTHPLACE	(Signed) *State the Discase Causing Death, or, in deaths for Violent Caus s, state (1) Means of Injury and (2) when Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents) At place	M. M. Promather
atement of oc	(State or country) May land 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Willie, Sewell (Address) Frederick	where was disease contracted, if not at place of death? Former or usual residence Fullewick Many. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURI	da 1936
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(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('crebrostinal fever (the only definite synonym is "Epidemic cerebrostinal meningitis"); Diphtheria (avoid use of "('roup'); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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16 W. Saratoga St., Balto., Requesting V. S. No. 1

PLACE OF DEATH STATE OF MARYLAND County Trocdes CERTIFICATE OF DEATH Registration Dist. No. / 2/ (If death occurred in a hospital cr institution, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL RARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE 16 DATE OF DEATH WIDOWEDWink OR DIVORCED Write the word) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH 192 U. to. and that death occured on the date stated above, at ... 7 AGE IIf LESS than day hrs. was am follows: mos. 27 ds. or min.? B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF une 20.1984. (Address) OF FATHER RENT *State the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homleidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 18 BIRTHPLACE Where was disease contracted, iff not at place of death? DATE OF BURIAL

If more blanks are needed, addross State Registrar,

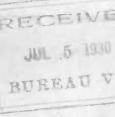
(Approved by U. S. Census and American Public Health Association.)

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PLACE OF DEATH County + reclusion	06705 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 5
Village or City Middlebum (No. 2FULL NAME Lamuel W.	St.: Ward) Other St.: Ward) (If death occurred a hospital or institution, give its NAME is stead of street are number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white Single, Married Widowed. (Write the word)	16 DATE OF DEATH June 29, 1938. (Month) (Day) (Year)
S DATE OF BIRTH Lebuay (Day) (Year (Year)	HEREBY CERTIFY, That attended the deceased from 1980. to 1980. to 1980.
7 AGE 36 yrs. 4 mos. 29 ds. or mis	
(a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in	operation at Frederick , for removal of so
Which employed or (employer) BIRTHPLACE (State or country) ### A Place (State or country)	Contributory Secondary (Duretion) yts
10 NAME OF FATHER Peter Holter 11 BIRTHPLACE	(Signed) (Address) M. (Address) M. (Address) M. (Address) M. (Address)
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 277	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place of death yrs mos. ds. State yrs mos. co
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Ella Riddlemoser	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as νuy laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, tle first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman. (b) Automobile factory. The material Locomotive engineer, As examples: (a) (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicacmia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (c. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as Chronic interstitial nephritis, Whooping cough; approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-" "Weakness," Chronic ," etc., when a definite disease etc. The contributory affection valvular heart Nomenclature need not be disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Low laborer, Farm laborer, Laborer—Cool minc, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servont, Cook, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Former or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, worked on may form part of the second statement. nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foremon, (b) Automobile fuctory. The material For many occupations a single word or term on Compositor, For persons who have no occupation mpositor, Architect, Locomotive engineer, Stotionary fireman, etc. But in many

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suicidc. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL scplicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Thanition," "Heart range," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by roilway train-Whooping cough; Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid interstitial nephritis, Chronicetc. The contributory valvular heort disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

	PLACE OF DEATH	01663 STATE OF MARYLAND
	County Frederick	CERTIFICATE OF DEATH
	County	Registration Dist. No. 12/
	Village or City Jefferson (No. Rout 2FULL NAME Cartton Randaly	Ward) (If death occurred in a hospital or institution, give its NAME irstend of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male Marte (Write the word)	16 DATE OF DEATH
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That Lattended the deceased from Dec. 20 - 1928. to Ash. 2 - 1930,
	(Month) (Day) (Year	that I last saw handlive on Helv. 2
	7 AGE If LESS than	and that death occured on the date stated above, at 1.30 m.
0	8 / yrs. 8 mos. 2 ds. or min.?	The CAUSE OF DEATH * was as follows:
200	B OCCUPATION (a) I rade, profession or Farmer particular kind of work	artenanteraris
1	(b) General nature of industry	9
1	business, or establishment in which employed or (employer)	(Duration) yre mos de.
2	9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs. mos D de
919	10 NAME OF A CALL	(Signed) N. Hages Brown M.D.
0	The House	dela-2 - 1930 (Address) Alfferson Md
	OF FATHER Z (State or country)	*State the Discase Causing Abath, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
2	of MOTHER Catherine Roonly	18 LENGTH OF RESIDENCE (For Lospitals, Institutions, Transients or Recent Residents)
2	13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos ds. State yrs ds.
5	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of death?
วานอ	(Informant) Leroy 6. Harine	Former or usual residence.
tateme	(Address) Hederick. Mod. Route 4	st Paule On Jefferson Flo 5, 19 30
25	15 Filed 3 - Felling 1930 Druf Culledes	M. R. Ochusartson Fudericks.
	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, en at home, er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, faluess of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Mever return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Physician, Foreman, For many occupations a single word or term on Compositor, Architect, Locomotive engineer, who are engaged in the duties of the For persons who have no occupation (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal foor (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Me inges, peritonacum, etc., Carcinoma, Sarcomu, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage "Puerperal septicaemia," "Puerperal peritonitis," tions, such as "Asthenia," "Anaemia" (mer use of "Tumor" for malignant neoplasms); Measles, telanus) may be stated under the head of "contributory" ean be ascertained as the eause. Always qualify all "Inanition," "Marasmus, when a definite disease "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.) "Dropsy, "Exhaustion," "Heart failure," "Haehorrhage, "Shock," "Old Age," "Shock, eausing death), 29 ds.; Bronchopneumonic (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably succide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underapproved by Committee on (Recommendations on statement of cause of death as fracture of skull, and eonsequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train American Medical Association.) "Atrophy," "Collapse," "Coma," " Never report mere symptoms or to etc. The contributory valendar Nomenclature of the heart disease; onvulsions, ly symptomminal condi-(secondary) les (disease

If this certificate is looked over thoroughly and a.l qu tions answered in detail, it will prevent further correspondence. the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CORD INLY, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE P

act	PLACE OF DEATH	STATE OF MARYLAND
M X	County Frederich	CERTIFICATE OF DEATH
ed.	The Corporation	Registration Dist. No. 13
classifi cate.	Village or City Theolerich (No. 9	St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
> =	2FULL NAME TA NOW	stead of street and number.)
oper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
y be pr ack of	Male While Single, MARRIED MONEY OR DIVORCED (Write the word)	16 DATE OF DEATH Sept , 1(3) (Month) (Day) (Year)
it ma	6 DATE OF BIRTH	17 HEREBY CERTIFY, That Lastended the deceased from
ons	(Month) (Day) (Year)	that I last saw h MM alive on Set 1 7, 1950,
o the	7 AGE [If LESS than	and that death occurred on the date stated above, at 4 0 m.
s stru	89 yrs. 9 mos. Ryds. or min.?	The CAUSE OF DEATH * was as follows:
te CAUSE OF DEATH in plain ter	9 BIRTHPLACE (State or country) Frederich Co. Mil 11 BIRTHPLACE (State or country) Frederich Co. Mil 12 MAIDEN NAME CATHER 13 MAIDEN NAME CATHER 14 MAIDEN NAME CATHER 15 MAIDEN NAME CATHER 16 MOTHER 17 MAIDEN NAME CATHER 18 MAIDEN NAME CATHER 19 MOTHER 10 MOTHER 11 BIRTHPLACE (State or country) Frederich Co. Mil 12 MAIDEN NAME CATHER 13 MAIDEN NAME CATHERINE BENTY 14 MOTHER 15 MOTHER 16 MOTHER 17 MOTHER 18 MOTHER 18 MOTHER 19 MOTHER 19 MOTHER 10 MOTHER 10 MOTHER 11 BIRTHPLACE (State or country) Frederich Co. Mil 11 BIRTHPLACE (State or country) Frederich Co. Mil 12 MAIDEN NAME CATHERINE 13 MOTHER 14 MOTHER 15 MOTHER 16 MOTHER 17 MOTHER 18 MOTHER 18 MOTHER 19 MOTHER 19 MOTHER 10 MOTHER 10 MOTHER 10 MOTHER 11 BIRTHPLACE 12 MAIDEN NAME 13 MOTHER 14 MOTHER 15 MOTHER 16 MOTHER 17 MOTHER 18 MOTHER 18 MOTHER 19 MOTHER 19 MOTHER 10 MOTHER 10 MOTHER 11 BIRTHPLACE 11 BIRTHPLACE 12 MOTHER 13 MOTHER 14 MOTHER 15 MOTHER 16 MOTHER 17 MOTHER 18 MOTHER 18 MOTHER 19 MOTHER 19 MOTHER 10 MOTHER 10 MOTHER 10 MOTHER 11 BIRTHPLACE 11 BIRTHPLACE 12 MOTHER 13 MOTHER 14 MOTHER 15 MOTHER 16 MOTHER 17 MOTHER 18 MOTHER 18 MOTHER 19 MOTHER 19 MOTHER 10 MOTHER 10 MOTHER 10 MOTHER 10 MOTHER 10 MOTHER 11 BIRTHPLACE 11 BIRTHPLACE 12 MOTHER 13 MOTHER 14 MOTHER 15 MOTHER 16 MOTHER 17 MOTHER 18 MOT	(Duration) Contributory Secondary (Duration) (Duration) (Duration) (Signed) (Address) (Address) (Address) (Signed) (Signed) (Address) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Address) (Signed) (Signed) (Signed) (Address) (Address) (Address) (Signed) (Address) (Signed) (Signed) (Address) (Addres
ld state	13 BIRTHPLACE OF MOTHER (State or Country) Theolerical My	At place of death yrs mos ds. In the State Lys C. mos ds. Where was disease contracted, if not at place of death?
S shou	Informantes Gahel Houch	Former or usual residence 9 2 3 3 d d t Frederich 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
CIANS	(Address) 1/3 -21 /redenos / Ma /	29 UNDERTAKER ADDRESS
	Filed 3 1920 Charles Registrate	Larry & Carty Theslevich Med, r, 16 W. Saratoga St., Balton Requesting V. S. No. 1.
	f more blanks are heeded, address State Registral	, to we wat at the part of the

V. S. No. 1

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) er," etc., Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer fre-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Furmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day not gainfully em-(b)

spinal meningitis"); Diphtheria (avoid use of "Croup" to time and causation), using always the same accepted term for the same disease. Examples: Cerebros bind fever (the only definite synonym is "Epidemic cerebros." Statement of Cause of Death—Name, first, the DISTANCE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid Pneumonia") pneumonia, Bronchopncumonia ("Pneumonia,"

> answeed in detail, it will prevent futher correspondence. All the Latu is essential and must be obtained before the certificate is (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, Chronic interstitial nephritis, Whooping cough; Examples: Accidental drowning; Struck by railway train-"A trophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi Chronic valvular heart disease; etc. The contributory

WRITE

V. S. No. 1

PLACE OF DEATH	02937 STATE OF MARYLAND
County I rederick	CERTIFICATE OF DEATH
mean 11.	Registration Dist. No. 537
Village or City / Clynuly (No.	St: Ward) (If death occurred in a hospital or institu
2 FULL NAME Howard Euge	tion, give Its NAME in stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Much 29, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Oct 20 1869	
(Month) (Day) (Year)	that I last saw h alive on www was will 192
7 AGE	and that death occurred on the date stated above, atm
60 yrs. 5 mos. 9 ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION mos. ds. or min.?	al. E
(a) Trade, profession or FasaseV	moure on the como
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds
9 BIRTHPLACE	Contributory (Cute delutario
(State or country) Murgleur	Sucondary (Duration) y y mos. / de
FATHER KRESH HOWERS	(Signed) AN MUNICIPAL M. D
M 11 BIRTHPLACE	JAMI 1923 (Address) NEWWY
(State or county) Mengleen	/ *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mary Hours	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Truns ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the State yrs mos ds. State yrs mos ds
(State or Country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of deah?
(Informant) Man. If & Hower	usual res.dence
(MA)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Mt Hope, Woodeboro light 12 100
Filed Mar 31 1920 ATA Cert Registral	Powell + albaugh Libertown
If more b.anks are needed, addre. s : tate Negistran	r, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

laborer, sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (re-For many occupations a single word or term on Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia")

> st.ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary) Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was under-American Medical Association.) perilonaeum, etc., Carcinoma, Sarcoma, etc., o Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY or intercurrent) affection need not cough; Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	05563 STATE OF MARYLAND
County County	CERTIFICATE OF DEATH Registration Dist. No.
Village of Chy 2000 (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male With Single, MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH // / 1938
6 DATE OF BIRTH July 8, 1884	I HEREBY CERTIFY, That I attended the deceased from
/(Month) (Day) (Yeár) 7 AGE If LESS tha day hr. or min, or min,	s. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Chuk alelolotin f Hear
business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	Contributory Secondary
1D NAME OF FATHER Gred W Hovermale	(Signed)
OF FATHER (State or country) 12 MAIDEN NAME	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER MATCHAA ORNSWELL 13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the Of death yrs
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mrs HB Hovermale	Former or usual residence
(Address) Bunswif Mil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Bunswick Med May 20, 1930
Filed leay 14 1900 leus H. J. loks dy as Refistrar	20 UN DERTAKER Sundwick MA
If more blanks are needed, address State Registre	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material tired 6 yrs). state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tion applies to each and every person, irrespective of whatever, write None. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook worked on may form part of the second statement etc., or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer -- Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DISTEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature American Medical Association.) telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E.haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi cough; Chronic etc. valvular heart disease; The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH

--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT BINDING Y FOR WITH UNFADING INK--THIS MARGIN RESERVED

V. S. No. 1

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12442

STATE OF MARYLAND CERTIFICATE OF DEATH

County Treduck	CERTIFICATE OF DEATH
	Registration Dist. No. 131
Village or City Montevue Houspital	St: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and
2FULL NAME William H. Hove	number:)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH OCT 17, 1980 (Month) (Day) (Year)
6 DATE OF BIRTH 2	17 I HEREBY CERTIFY, That I attended the deceased from OCT / 130 to OCT / 130 that I last saw hamalive on OCT / 6 130
7 AGE 9 1 yrs. 7 mos. 2 3 ds. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yes, mos ds
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) NA 'ANAL ALA OF STATES (State or country)	(Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death wrs. mos. ds. In the State 90 yrs. mos. ds. Where was disease contracted, if not at place of death?
(Informant) James. a. Jones (Address) A overne tronal of the Hill	Former or usual residence Catalus + www.ace Md. 19 PLOE OF BURIAL OR REMOVAL DATE OF BURIAL Och 19. 193

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Cotton mill; (a) Salesmon. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Plonter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, Physician, Compositor, Architect, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Loborerwithout more precise specification as Doy For persons who have no occupation (b) Automobile foctory. The materia -Coal mine, etc. Wom-Locomolive engineer, 6 Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilicria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

stated unless important. approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure, "Haemorrhage, "Shock," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railwoy troin-(secondary or intercurrent) Recommendations on statement of cause of death Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic Example: Measles (disease etc. The contributory affection need valvular heart Nomenclature not be disease ;

If this certificate is looked over thoroughly and all questions an inverted in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

V. S. No.

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PLACE OF DEATH County-Tredewick,	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 137
Village or City Oak Orchard (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month)) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
J3 yrs. 9 mos. 79 ds. or min.?	and that death occurred on the date stated above, at 6,30 Pm. The CAUSE OF DEATH * was as follows: Cerebral Hemonobagu.
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Mausland	Contributory Secondary (Duration) yrs
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed) Alton Bennette, Justice of the March 2, 1920 (Address) Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) MANUAL 12 MAIDEN NAME Dancy Stantow	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos. ds. State yrs ds. Where was disease contracted,
(Informant) Malinda a, Hoy P(Address) New Mandson, Md.	Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL MAT CLASS Details, March 6, 1930
Filed Mar 5 1930 Malufmun Registrar	20 UNDERTAKER HALTS HALTS HELD MILE

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requ

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Scruant, Cook to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. first line will be sufficient, c. g., Farmer or Planter, or At Home, and children, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation not gainfully em-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilieria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. For violent deaths state means of injuly "PUERPERAL seplicaemia," "PUERPERAL perilonilis, can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia, ""Weakness," etc., when a definite disease (secondary (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need not be valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--

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M)	SI-	PLACE OF DEATH
9	E 9	County, Trederic
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STATE OF MARYLAND

	County Frederick	CERT!FICATE OF DEATH
	Village or City Frederick Shank plant Le	Registration Dist. No. /3/ Canch let le ward a hospital or institu-
	2 FULL NAME Clayton Sub	tion, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1	Male Male SINGLE, MARRIED, WIDOWED, OR DIVORCED OR DIVORCED OR DIVORCED	y6 DATE OF DEATH DEC. 25, 1930 (Moath) (Day) (Year)
	Fely. 22 1904 Curkyow	17 I HEREBY CERTIFY, That I attended the deceased from 192, 192, 192
	(Month) (Day) (Year) 7 AGE If LESS than dayhrs. ormin.?	and that death occurred on the date stated above, at
	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Selection of the profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Form fall Is about 80 ft in Slavery Contributory in the standary (Duration) yis mos ds.
	10 NAME OF FATHER Chomas R Hubble 11 BIRTHPLACE OF FATHER (State or country) Kentucky	(Signed)
	12 MAIDEN NAME OF MOTHER Many Seach 13 BIRTHPLACE OF MOTHER (State or Country) Censuckey	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. Where was disease contracted,
	Information homes R Hubble	Former or usual residence Reuturkey 19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 20 20 20 20 20 20 20 20 2
	15 Filed 25- her 130 America	LOUNDERTAKER Carly Fraderick Md
	If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Furmer to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) to know (a) the kind of work and also (b) the For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, (b) Cotton mill; (a) Salesman. without more precise specification as Doy Compositor, Architect, Locomotive engineer For persons who have no occupation If the occupation has been changed Automobile factory. The material (b) Grocery,

Statement of Cause of Death—Name, first, the pissase CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," vatic), taken. FOR VIOLENT DEATHS state MEANS OF INJURY causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was understated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suicide. The n.ture of the injury, (secondary Whooping cough; Recommendations on statement of cause of letanus) may be stated under the head of "contributory." Examples: A ceidental drowning; Struck by railway train— "Atrophy," "Collapse," "Coma," "Convulsions, or intercurrent) affection need not be Chronic valvular heart discase etc. The Nomenclature contributory

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J. S. No. 1

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Filed 21- Oct 192 Some

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PLACE OF DEATH Within the Co	STATE OF MARYLAND CERTIFICATE OF DEATH
County	1 SK Registration Dist. No. 131
Village or City Frederich 15-2 West Patrice 2FULL NAME 1/3. George Hul	St.: Ward) St.: Ward) (If doeth occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	(Month) (Day) (Year) The Hereby Certify, That Lattended the decessed from
S DATE OF BIRTH (Month) (Day) (Year	that I last saw hysis allvo on Och 2 198 6
7 AGE If LESS then dayhrs. or	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Retired Famule	Janay Column
(b) General nature of industry business, or establishment in which employed or (employer)	(Duretien) yre mee de
BIRTHPLACE (State or country) MA	Contributory (Durstion) yre mos de
10 NAME OF Jacob Hull	(Signed) (M. D. M.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Cause, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of Mother Curie & Barack	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
18 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs. mos. ds. In the State of death yrs. ds. Where was disease contracted, if not at place of death?
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence. Woodstoo &
(Informant) Wus sleage Hull (Address) 42 4 n Market St	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mt Holo Cometer Wordshy Od 23 193.0
11 0 × 21	20 UNDERTAKER ADDRESS

If more blankara needed, addrose State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken tion applies to cach and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health gaged in domestic service for wages, as Scrvant, Cook, should be used only when needed. As examples: (a) the first line will be sufficient, c. g., Farmer or Planter, tired 6 yrs). For persons who have no occupation er," etc., without more precise specification as Day worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationory fireman, etc. But in many Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, nature of the business or industry, and therefore an Physicion, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. (b) Cotton mill; (a) Solesmon. Compositor, Architect, Locomotive engineer, who are engaged in the duties of the 6 Automobile factory. The (b) material Grocery;

Statement of Cause of Death—Name, first, the disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "uphoid fever (never report "Typhoid Pneumonia"); isobar pneumonia, Bronchopneumonia ("Pneumonia, "

"Uraemia," "Weakness," ctc., when a definite disease as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicocenia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 23 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc.; Coreinoma, Sarcoma, etc., of carbolic acid - probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-Chronic interstitiol nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping cough; American Medical Association.) (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY Chronic valvular heart disease; etc. The contributory Nomenclature of the

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URX

BINDING

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MARGIN

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia");

> (secondar) or intercurrent) affection need not be st.ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; ayoid use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.X Chronic vabular heart disease; nephritis, etc. The contributory Always qualify all

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

si-

County pesseich	02939 CERTIFICATE OF I
	Registration Dist. No.
Village or City New Morbet (No.	St.: Ward) (If dea hosp tion, gi
2FULL NAME Slarvey & Stul	stend numbe
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WHO WED OR STYORCZD (Write the word)	16 DATE OF DEATH MILE 12 (Month) (Day)
6 DATE OF BIRTH Unknown , 1	17 I HEREBY CERTIFY, That I see and the
7 AGE About 60 yrs. mos. ds. or min.?	and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER John Hull	Secondary (Dyation)
OF FATHER (State or country) Manyland	*State the Discase Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal.
OF MOTHER Unknown	18 LINGTH OF RESIDENCE (For Hospitals, Insients or Recent Residents)
OF MOTHER (Hate or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of deathyrsmosds. Stateyrs Where was disease contracted, it not at place of death
(Informant) M. L. Walser	Former or usual residence
(Address) Camp full Virgina 15 Filed Mar / 3 1930 Lucian & Halcones	Demoved to Harrisburg Pars 20 UNDERTAKER ADDR
Registra	, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and Ward)

Hu	number.)
ARS	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH MUSCL 12, 1930 (Month) (Year)
, 1	17 I HEREBY CERTIFY, That I attracted the deceased from
(Year)	
If LESS than	
ormin.?	and molely collision
d	
	(Duration)yrsmosds.
	Contributory Secondary
	(Signed) Standard (Address) And M. D.
4	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	At place of deathyrsmosds. In the Stateyrsmosds.
EDGE	Where was disease contracted, it not at place of dea h?
r/	Former or usual residence
*	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
gena	amored to Harrisburg Pacs , 1930
alconer	20 UNDERTAKEN
Registras	1 m Smuder mtay ma

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery, (a) Foreman, (b) Automobile factory. The material the first line will be sufficient, e. g. Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, us At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.:haustion," "Heart failure," "Haemorrhage, "Inamition," "Marasmus," "Old Age," "Shock, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. (secondary or intercurrent) affection need not be st_ted unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite disease American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; nephrilis, etc. The contributory

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	County Prederice	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
	Village or City Quagerolow 2 FULL NAM Mangareh Eliza	St: Ward) If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEY 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH Nov. 26, 1930, (Year) 17 I HEREBY CERTIFY, That I attended the deceased from Nov. 15, 1930, to Nov. 25, 19230
	7 AGE (Month) (Day), 1858 (Year) If LESS than I dayhrs.	and that death occurred on the date stated above, at /2
	8 OCCUPATION (a) Trade, profession or particular kind of work	Cerebral Lemonlege
4	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) .yrsmosde.
	9 BIRTHPLACE (State or country)	Secondary (Duration)yremosda
	10 NAME OF Child Hull	(Signed) Les tracy M.D. Nou, R.D. 1920 (Address) Shermont Md.
	H BIRTHPLACE OF FATHER (State or country)	*Stric the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.
	of MOTHER MANGALL Koonle	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or county)	At place In the of death yrs. mos. da. State, yrs. mos. da. Where was disease contracted,
	14 THE ABOVE IS TRUE TO THE REST OF MY KNOWLEDGE	if not at place of death?
	(highan Miss Besser Dell	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	Filed OV, 1920 Marine M. Registra	Coragustoun to MA 20, 1820 Rouge Hen Thurmont
	" mana hierke eve mended address State Registrer	16 W. Saratage St. Rolto Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation ployed, as At school or At home. Care should be taken er," etc., whatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary). may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Civil engineer, Stationary fremen, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day

EASE CAUSING DEATH (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrosphul fever (the only definite synonym is "Epidemic cerebrosphul sphial meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia");

a ment of cause of death approved by Committee on Nomenclature of the American Medical Association.) head of "contributory." (Recommendations on statequences (c. g., sepsis, tetanus) may be stated under the as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or momicidal, or "Puerperal septicaemia," "Puerperal peritonitis," etc. can be ascertalized as the cause. Always qualify all rhage," "Inanition," "Marusmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by rathway State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness." etc., when a definite disease ary), 10 ds. Never report mere symptoms or terminal causing (leath), 29 ds.; Bronchopneumonia stated unless important. use of "Tmmor" for malignant neoplasms); Meastes; inges, peritonaeum, etc., Carcinoma, Sarconu, etc., of "Dropsy," "Exhaustlon," "Heart failure." "Haemorvulsions," Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart discase; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Example: Meusles (disease "Anaemia" (second-(merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

3 No. 1

PLACE OF DEATH	(1294U STATE OF MARYLAND
County Theolerich	CERTIFICATE OF DEATH
	(89) D D N 13 N
1/1/1/1	Registration Dist. No. 130
Village or City Clamstown (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAMED Richard Cale	lwell Anne tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH
Mr. 1. What OR DIVORCEMENT	, 1950
(Write the word)	Meuch (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
10 12 1877	March 1 1930. to March 1, 1980.
(Month) (Day) (Year)	that I last saw hour alive on March) , 1923 co
7 AGE [If LESS than	The state of the s
67 yrs. 5 mos. 19 ds. or min.	The CAUSE OF DEATH * was as follows:
yrs. 2 mos. // ds. or min.?	Lugion Gectoris -
(a) Trade profession or	
particular kind of work Volla filleducin	1
(b) General nature of industry business, or establishment in	(Duration)yrsmosds,
which employed or (employer)	
9 BIRTHPLACE (State or country)	Contributory Secondary
Capidan 09	Ourstion)ds.
10 NAME OF B	(Signed) Thoreas M.D.
11 DIDTUDI ACE	March 1 1930 (Address) Frederick Uld
of FATHER	
W Constitution of the cons	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Manager & Calaly of	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER The Country Placerick Shows Va	At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea.h?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) Ms Naray Cull Home	usual residence
an adams town med a	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Hollinet Theolered Wy May 3, 1930
15 Filed March 2 1930 7 Cly be / rulsan	20 UNDERTAKER ADDRESS
Registra	Clarky tredend My
If more banks are needed, addre a tate Keristra	r. 16 W. Saratoga St., Balto., Requesting V. S. I.o. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more previous control with etc. Womlaborer, Farm laborer, Laborer—Coul mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farnes gegaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. For many occupations a single word or term on Locomotive engineer,

s, inal meningitis"); Diphtheria (avoid use of "Croup fever (the only definite synonym is "Epidemic cer ed term for the same dise se. Examples: Cerebroi to time and causation), using always the same a co Statement of Cause of Death—Name, first, the management of Cause of Death—Name, first, the management of Cause of Death—Name, first, the same and the cause of th Typhoid fever (never report "Typhoid Pneumonia") pneumonia, Bronchopneumonia ("Pneumonia,

> st_ted unless important. Example: Measles (disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E:haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; planus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. as fracture of skull, and consequences (e.g., sepsis, Recommendations on statement of cause of death peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY or intercurrent) Chronic valvular heart disease; etc. The contributory affection need Nomenclature not be

answered in detail, it will prevent further correspondence. All the duta is essential and must be obtained before the certificate is permanently filed.

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m	ENJ	e state
OR BINDING	PERMANENT ECORD	should b
E.	IS A	CE
O	S	4

PLACE OF DEATH	STATE OF MARYLAND
County Arldbuck	CERTIFICATE OF DEATH
0,	Registration Dist. No. 144
Village or City Mroclasm (No.	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME John Henry A	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Widowla OR DIVORCED (Write the word)	16 DATE OF DEATH (ug /6, 1930) (Month) /6 (Day) 1930 (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Lec 9, 1856	July 27 1930 to any 12 , 1980
(Month) (Day) (Year)	that I last saw hamalive on Lug 192,
7 AGE If LESS than	
7.3 yrs. 8 mos. 7 de. or min.?	The CAUSE OF DEATH * was as follows;
73 yrs. 8 mos. 7 ds. or min.?	O GUNCAN CURLEY
(a) Trade, profession or	glary and anguid
Particular kind of work Marves ! I deed	Alled Alala
(b) General nature of industry business, or establishment in	(Duration) 3 yrs. mos. de.
which employed or (employer) Tas Work .	(100 cl) Drotate
9 BIRTHPLACE (State or country)	Contributory Secondary
I 10 NAME OF	(Duration) yes race of War
FATHER A	(Signed) M. D.
11 BIRTHPLACE	aught 1930 (Address) Tracham Md
OF FATHER (State or country) Mary land.	*tate the lis ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER TO A WILL	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
a stary tunde.	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of death yrs mos. ds, State yrs ds,
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of doa h?
	Former or
(Informant) Mrss. Fallie Groshon	usual residence
(Address) Graceham Ind.	Good ham. Ind. aug. 19, 1930
1 74/1	TOUNDERTAKER ADDRESS
Filed My, 18 180 Jama M. Jones	by I P If M.
	m. L. Caroses & Unisming r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
I more planks are needed, addre. Tetate Registral	md.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salcsman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to caeh and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, greed in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed household only (not paid Housekcepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. r," ete., report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferey (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphilieria (avoid use of "Croup"); Typhoid ferer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (seeondary or intercurrent) affection need not be stited unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uracmia," "Weakness," etc., when a definite disease tctanus) may be stated under the head of "eontributory." diseases resulting from childbirth or misearriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. eausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Mcasles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

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'PL	ACE	OF	D	EA	TH

County	Fre	der	ick	



STATE OF MARYLAND CERTIFICATE OF DEATH

		(No.1022 N. Mark	tion, give its NAME in- steed of street and
PERS	SONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. MARRIED			December 13th, , 1930 (Month) (Dey) (Year)
6 DATE OF		y 20th., 1857	December 4th 1520 to December 13th 192 30 thet I lest saw him elive on December 12th 192 30
7 AGE	73 yrs. 10	lf LESS than I dayhrs	and thet deeth occurred on the date etated above, at 4.45. A. m.
(b) Genera	al nature of industry		9.1
(Stete o	al nature of industry or establishment in ployed or (employer) CE r country) Maryland E OF		Contributory Secondary Duration yrs. mos. ds.
(State of FATH	al nature of industry or establishment in ployed or (employer) CE r country) Maryland E OF	i e e e e e e e e e e e e e e e e e e e	Contributory Secondary Ourstion Frederick Maryland *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
(State of Manual Control of Ma	al nature of industry or establishment in ployed or (employer) NCE r country) Maryland E OF IER Edward Humm. HPLACE ATHER	3	Contributory Secondary Our tion yra mos ds. (Signed) M. D. Dec. 13th 19230 (Address) Frederick, Maryland

If more bianke are needed, address State Begistrar, 16 W. Saretoga St., Belto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). er," etc., Spinner, (b) Colton mill; (a) Solesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an whatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Former (re-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Form laborer, Laborer-Cool minc, etc. Womwithout more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fiver (nover report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of death American Medical Association.) (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all (name origin; "Cancer" is less definite; avoid peritonaeum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condi-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 6 19

4990

STATE OF MARYLAND

County theolerich	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Frederick (No. 25 5	Church St.: Ward) (If death occurred in a hospital or institution, give its NAME in
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Remale While OR DEVOCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I are ended the deceased from
(Month) (Day) (Year)	that I last saw h W alive on , 192
7 AGE \$2_ If LESS than	and that death occurred on the date stated above, atm.
82yrs. 10mos. 17ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Rone particular kind of work	Celebral / Rim ores
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yts. mos ds.
9 BIRTHPLACE (State or country) Freelench (Mrs)	Contributory Secondary Language Transport Contributory Contributory Secondary Contributory Contribu
10 NAME OF Rehung H Hunt	(Signed) Jan Hudwel Mi
State or country) Frederich Mrd	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER and Lophia Herring	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country) Frederich Mil	At place of death yrs mos ds. In the State List mos ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Interment Cha a difford	Former or usual residence
(Address) Frederick My	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MI-COline Freelerick MA 12/7, 1934
15 Filed 6 - Dec 1980 Doal bullandy	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

S. No. 1

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PERMANENT BINDING

A FOR S

WITH UNFADING INK--THIS

MARGIN RESERVED

(Approved by U. S. Census and American Public Health Association.)

er," etc., Willow Laborer, Laborer Laborer, Farm laborer, Laborer Spinner, tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionory froman, etc. But in many cupation is very important, so that the relative healthgaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Plonter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Forher Treor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Statement of Occupation-Precise statement of oc-Foreman, Or For many occupations a single word or term on man, (b) Automobile foctory. The At Home, and children, not gainfully emwithout more precise specification as Doy For persons who have no occupation -Coal minc, etc. material Grocery,

Statement of Cause of Death—Name, first, the pys-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros panal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup");spinal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) Chronic interstitiol nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railwoy train-Whooping American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condicough; ngenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," Chronic Example: Measles (disease etc. The contributory affection need not be valvular heart disease;

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YS!	Exact	PLACE OF DEATH County Frederichs		STATE OF M	
all		County Mederies		CERTIFICATE	OF DEATH
>	ified.		74-0	Registration D	ist. No. 136
CORD	lass ite.	Village or City Hopeland (No. 2FULL NAME Astronomy)	usbert	St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
NT	odo.	PERSONAL AND STATISTICAL PARTICULARS	MEDICA	L CERTIFICATE O	F DEATH
ING ANE	0	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, (Write the word)	16 DATE OF DEATH	Many (Month)	/ J / 193.6 (Day) (Year)
BIN PER	hat it ma	6 DATE OF BIRTH (Yighth) (Day) (Year)	that I last saw hum	CERTIFY, That I atte	nded the deceased from
/ED FOI THIS IS	ms so tha	7 AGE If LESS than day hrs. or min.?	and that death occurre		bove, at 12 Am.
NK Iy su	lain ter	(a) Trade, profession or particular kind of work (b) General nature of industry	Cerebri	Hernonho	Payetsile
RE G	n p	business, or establishment in which employed or (employer)		(Duration)	_yrsmos//_ds.
DIN	EATH I	9 BIRTHPLACE (State or country)	Contributory Secondary	(Duration)	.yrs
Z 5 5	L 0	FATHER Gerore M Harbets	(Signed) T. Cly	Le 1/ rola	M. D.
WITH ion sho	M N	OF FATHER (State or country)		(Address) Death, e (1) Means of Inju Homicidal.	or, in daths from any and (2) Whether
LY,	PATIO	of MOTHER Relation Deggo	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN 1997	DENCE (For Hospita	ls, Institutions, Trans-
	d state	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmos		yrsmosds.
0.	5 E	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contractif not at place of death?	eted,	
WRITE y Item	s shoul	(Informant) Relds Hurbert	Former or usual residence	OR REMOVAL	DATE OF BURIAL
Wery	Statement	(Address) Fised Jef mg	Hopela	nd .	Jug 18. 1930
BE	0 0	Filed Muy / 6 1923 G. O Handrucker	GOOD PEL	lew 6	hed let
T Z		If more bianks are needed, address State Registran	, 16 W. Saratoga St., Ba	Ito., Requesting V. S.	No. 1. 0 MM

(Approved by U. S. Census and American Public Health Association.)

work, tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, (b) Colton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomobive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Howsenaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer—coal mine, etc. wouler," etc., worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of carbolic acid-probably suicide. The n ture of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease "Inanition," "Heart failure, Haemorinage, "Shock," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), stated unless important. (secondar/ or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature delanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Aceidental drowning; Struck by railway train American Medical Association.) Recommendations on statement of cause of "Atrophy." "Collapse." "Coma," "Convulsions, ... 'name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; Chronie Example: Measles (disease affection need etc. The contributory valvular heart not disease;

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PLACE OF DEATH County Frederick	of 5706 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Montes / Vas	Registration Dist, No. 2 St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH June /8 , 1983 D
May 3 / (Month) (Day) (Year)	that I last saw h Landalive on June 17.
S / yrs mos. / 9 ds. or min.? B OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Sacsfree M. ford
10 NAME OF Maryland 10 NAME OF FATHER Markey Hutts	(Signed). (Durstion) yrs mos ds (Signed). M. D (Address) Parallelle Mich
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER OF MO	*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfer or Recent Residents) At place
OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Aues a James Life (Informant)	of deathyrsmosds. Stateyrsmosds Where was disease contracted, if not at place of death? Former or usual residence
(Address) Freclexic & Mod. 15 Filed 19-June 1980 Da McCurdes Registra	19 PLACE OF BURIAL OR REMOVAL Brunsuk 20 UNDERTAKER OH Full 4 Sta Brussuk MM
If more banks are needed, addre.s Ltaty hegistra	r, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an whatever, write None. tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealadditional line is provided for the latter statement; it cases, especially in industrial employments, it is necestion applies to e ch and every person, irrespective ci cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, household only (not paid Housekcepers who receive a Civil engineer, Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, first line will be sufficient, e.g., Farmer or Flanker, sician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on For persons who have no occupation (b) Stationary fireman, etc. But in many Automobile factory. The Salesman, (b) Grocery materia

Strtement of Cause of Death—Name, first, the DISEAUS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemia cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Sinal meningitis"); Diphtheria (avoid Pneumonia"); Tylhoid fever (never report "Typhcid Pneumonia");

"Leading, "Atrophy," "Collapse," "Com2, Convensions, atic), "Atrophy," "Collapse," "Com2, Convensions, "Deblity" ("Congenital," "Senile," etc.), "Drcpsy," "Taemorrhage," "Iaemorrhage," "F:haustion," "Heart failure," "Iaemorrhage," "Shock." "E:haustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, approved by (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st.ted unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, reritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (secondary or intercurrent) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY (name origin; "Cancer" is less definite; avoid cough; Committee on ," etc., when a definite disease Nomenclature of the

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